

# AGENDA

## BOARD OF DIRECTORS

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291  
August 26, 2022 9:00 AM**

*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 help enable staff to make reasonable arrangements to ensure meaningful access.*

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Approval of Agenda (A)
5. 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.
6. Approval of Minutes – Board Meeting of July 22, 2022 (A)
7. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)
8. Receive Update from Auditor-Treasurer on SJVIA Financials as of June 30, 2022 (I)
9. Receive Consultant's Medical, Dental, and Vision Experience Reports through June 2022 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)
10. Receive Keenan Pharmacy Services' Consultant's Report on EmpiRx Q2 2022 Utilization (I)

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August 26, 2022 9:00 AM**

11. Receive and Accept Consultant's SJVIA Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of June 30, 2022 and Approve Funding to Maintain the Fully Funded Status of the IBNR Reserve (A)
12. Receive Report from Anthem Blue Cross on Anthem's Network of Providers, Provider Negotiations, and Access to Care (I)
13. Receive Consultant's Report on the Marketing for a Plan Administrator and Pharmacy Benefits Manager for the Self-Funded Medical and Prescription Drug Plans for Plan Year 2023 and Approve Staff Recommendation to Renew Plan Administration Services and Pharmacy Benefit Manager Services with the Incumbents Anthem Blue Cross and EmpiRx Health (A)
14. Receive Consultant's Plan Year 2023 Underwriting Renewal Report, Approve 2023 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)
15. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)
16. Adjournment

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# MINUTES

## BOARD OF DIRECTORS

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
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AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Fresno  
Board of Supervisors Chambers  
2281 Tulare Street, #301  
Fresno, CA 93721  
July 22, 2022 9:00 AM**

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1. Call to Order

Meeting was brought to order at 9:04 AM

2. Roll Call

All Directors present except for Director Magsig, Director Shuklian, and Director Vander Poel

3. Pledge of Allegiance

Pledge of Allegiance was moved to after Roll Call

4. Approval of Agenda (A)

Motion to approve by Director Mendes; Seconded by Director Pacheco;  
Motion approved unanimously

5. 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.

No public comment

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# MINUTES

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**Meeting Location:  
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Fresno, CA 93721  
July 22, 2022 9:00 AM**

6. Approval of Consent Agenda – Items 16 and 17 (A)

Motion to approve by Director Mendes; Seconded by Director Pacheco;  
Motion approved unanimously

*These matters are routine in nature and are usually approved by a single vote. Prior to action by the Board, the Board Members and the public will be given the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of this Consent Calendar or set aside until later in the meeting.*

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

Presented by Ricky Santellana, County of Fresno

8. Receive Consultant's Medical, Dental, and Vision Experience Reports through May 2022 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

Presented by Bordan Darm, Keenan

9. Receive Consultant's Report on Plan Year 2023 Preliminary Renewal (I)

Presented by Bordan Darm, Keenan

10. Receive Consultant's Report on the Marketing for a Plan Administrator and Pharmacy Benefits Manager for the Self-Funded Medical and Prescription Drug Plans for Plan Year 2023 and Approve Staff Recommendation to Renew Plan Administration Services and Pharmacy Benefit Manager Services with the Incumbents Anthem Blue Cross and EmpiRx Health (A)

Presented by Bordan Darm, Keenan

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# MINUTES

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July 22, 2022 9:00 AM**

Board chose to wait to vote on approval of Staff recommendation to renew plan administration services and pharmacy benefit manager services with the incumbent carriers, Anthem Blue Cross and EmpiRx Health

Board provided direction to Staff and Consultant to come back at the next Board meeting to present other marketed vendors in relation to cost and provider access for the PY 2023 renewal

11. Adopt Budget for Fiscal Year 2022-2023 (A)

Presented by Bordan Darm, Keenan

Motion to approve by Director Mendes; Seconded by Director Micari; Motion approved unanimously

12. Receive Consultant's Report on SJVIA Reserve Reconciliation (I)

Presented by Bordan Darm, Keenan

13. Receive the County of Mendocino's Request for Consideration to Join the SJVIA (A)

Presented by Hollis Magill, County of Fresno

Motion to decline request at this time by Director Pacheco; Seconded by Director Mendes; Motion approved unanimously

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

15. Adjournment

### Consent Agenda

16. Approval of Minutes – Board Meeting of May 6, 2022 (A)

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# MINUTES

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July 22, 2022 9:00 AM**

17. Approve and Authorize Staff to Send the 2022 Multi-County Biennial Notice to the California Fair Political Practices Commission (FPPC) (A)

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San Joaquin Valley  
Insurance Authority

**Meeting Location:**  
**County of Tulare**  
**Human Resources & Development Dept.**  
**Innovation Conference Room**  
**2500 W. Burrel Avenue**  
**Visalia, CA 93291**  
**August 26, 2022 9:00 AM**

**BOARD OF DIRECTORS**

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**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item #7

**SUBJECT:** Receive Update from Auditor-Treasurer on SJVIA Cash Flow Projections (I)

**REQUEST(S):** That the Board receives this financial update on Cash Flow Projections

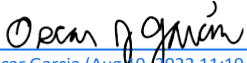
**DESCRIPTION:**

Information item. Please see attached report.

**FISCAL IMPACT/ FINANCING:**

None.

**ADMINISTRATIVE SIGN-OFF:**

  
Oscar Garcia (Aug 19, 2022 11:19 PDT)

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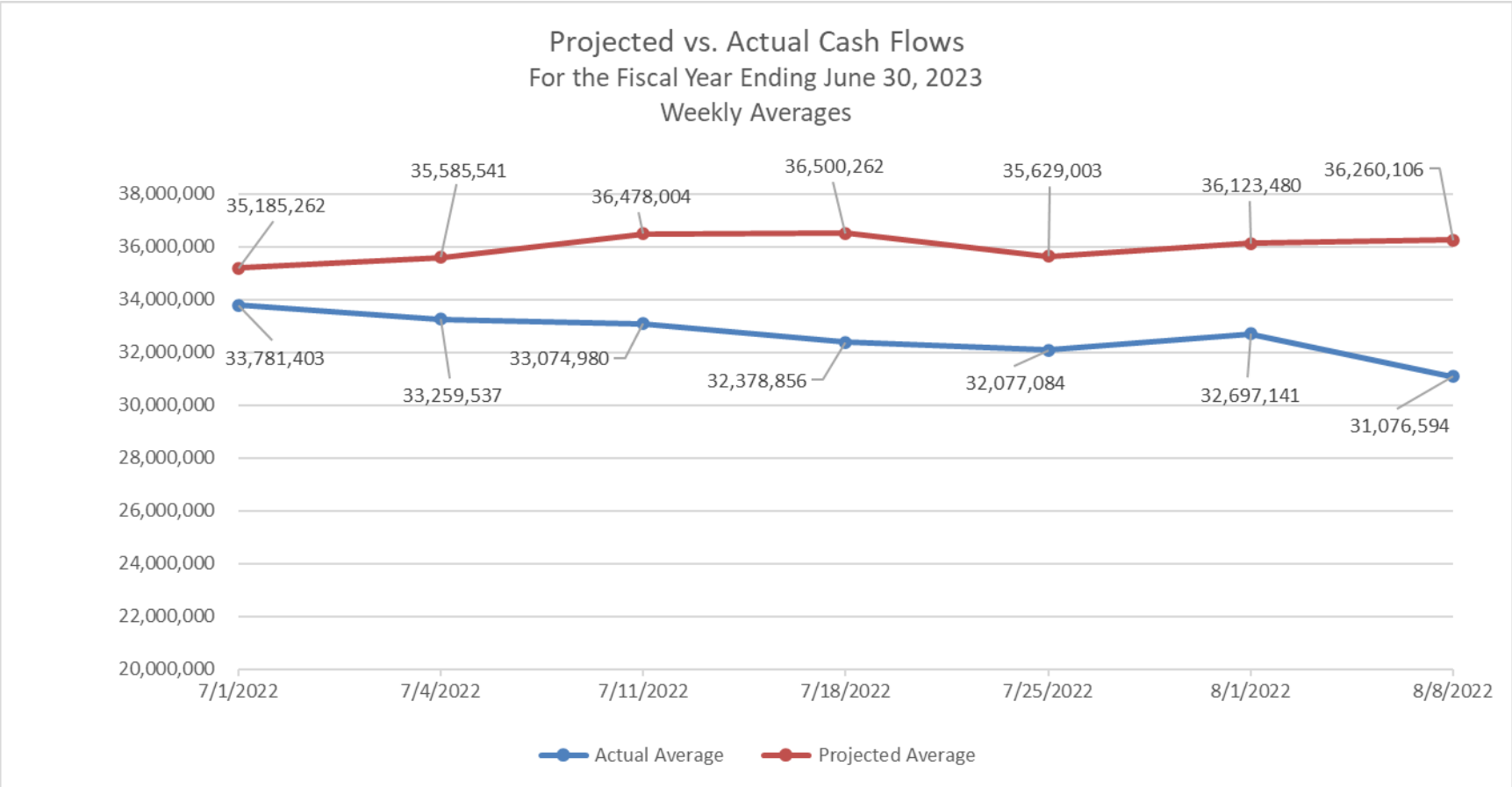
Oscar J. Garcia, CPA  
SJVIA Auditor-Treasurer



# SJVIA Cash Flow Projections

Ricky Santellana  
August 26, 2022





**Lowest Avg Week (Actual)**

- 8/8/2022 - \$31,076,594

**Highest Avg Week (Actual)**

- 7/1/2022 - \$33,781,403

- Avg weekly PPO/EPO claims paid in fiscal year- \$1.10m
- Disparity in projected vs actual averages will diminish with actual data during year

<b>SJVIA Reserves, Liabilities &amp; Cash Positions 8/17/2022</b>	<b>IBNR Reserve Liability</b>	<b>3-Month Stablization Reserve</b>	<b>Gallagher Settlement</b>	<b>Total</b>
Current Balances	\$ 8,855,820	\$ 18,344,990	\$ 7,000,000	<b>\$ 34,200,810</b>
	Liability Met?	Reserve Kept?	Reserve Kept?	
Cash Position at 8/17/2022	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>\$ 34,503,043</b>
Cash Projection at 6/30/2023				<b>\$ 29,037,880</b>

- Gallagher Settlement totaling \$7,000,000 *received* as of March 21, 2022
  - Remains fully funded until further notice
- IBNR Reserve increase to \$8,855,820 as of June 30, 2022
- Cash projection as of June 30, 2023 will continue to increase



San Joaquin Valley  
Insurance Authority

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County of Tulare  
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August 26, 2022 9:00 AM**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item #8

**SUBJECT:** Receive Update from Auditor-Treasurer on SJVIA Financials as of June 30, 2022 (I)

**REQUEST(S):** That the Board receives this financial update through June 30, 2022.

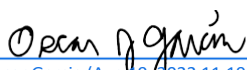
**DESCRIPTION:**

Information item. Please see attached report.

**FISCAL IMPACT/ FINANCING:**

None.

**ADMINISTRATIVE SIGN-OFF:**

  
Oscar Garcia (Aug 19, 2022 11:19 PDT)

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Oscar J. Garcia, CPA  
SJVIA Auditor-Treasurer

**San Joaquin Valley Insurance Authority**  
**Estimated Statement of Net Position**  
**As of June 30, 2022**  
**(UNAUDITED)**

**ASSETS**

Current assets:

Cash and cash equivalents	16,534,453
Restricted cash	18,564,736
Due from other governmental units	3,664,852
Interest receivable	199,977
Total current assets	38,964,018

Total assets	\$ 38,964,018
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**LIABILITIES**

Current liabilities:

Accounts payable	6,615,768
Interest payable	0
Loans payable	0
Unearned member contributions	1,256,187
Unpaid claims and claims adjustment expenses	8,855,820
Total current liabilities	16,727,775

Noncurrent liabilities:

Due to other governmental units	884,432
Total noncurrent liabilities	884,432

Total liabilities	\$ 17,612,207
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**NET POSITION**

Unrestricted	3,006,821
Restricted - stabilization reserve	18,344,990
Total net position	\$ 21,351,811

Note:

This statement of net position is presented on an accrual basis. Certain related adjustments presented in this report are estimates.

**SAN JOAQUIN VALLEY INSURANCE AUTHORITY**  
**ACTUALS VS. BUDGETED RECEIPTS & DISBURSEMENTS**  
**AS OF JUNE 30, 2022**  
**(UNAUDITED)**

	Current Quarter				Year-To-Date			
	BUDGET*	ACTUALS	FAVORABLE/ (UNFAVORABLE)	% VARIANCE	BUDGET*	ACTUALS	FAVORABLE/ (UNFAVORABLE)	% VARIANCE
<b>RECEIPTS</b>								
<b>TOTAL RECEIPTS</b>	<b>\$41,807,277</b>	<b>\$ 55,006,755</b>	<b>\$ 13,199,478</b>	<b>32%</b>	<b>\$123,416,972</b>	<b>\$131,119,184</b>	<b>\$7,702,212</b>	<b>6%</b>
<b>DISBURSEMENTS: Fixed</b>								
1 Specific Stop Loss Insurance (EPO/PPO/HDHP)	<b>606,599</b>	442,811	<b>163,788</b>	<b>27%</b>	<b>1,701,182</b>	1,414,642	<b>286,540</b>	<b>17%</b>
2 Claims Administration & Network Fees	<b>1,172,985</b>	1,225,355	<b>(52,370)</b>	<b>(4%)</b>	<b>3,467,643</b>	3,557,650	<b>(90,007)</b>	<b>(3%)</b>
3 Consulting Services	<b>157,359</b>	138,441	<b>18,918</b>	<b>12%</b>	<b>488,792</b>	432,678	<b>56,114</b>	<b>11%</b>
4 MyWorkplace (Hourglass) & ASI Admin	<b>151,893</b>	166,023	<b>(14,130)</b>	<b>(9%)</b>	<b>455,680</b>	477,014	<b>(21,334)</b>	<b>(5%)</b>
5 SJVIA Administration	<b>115,928</b>	152,155	<b>(36,227)</b>	<b>(31%)</b>	<b>285,720</b>	437,276	<b>(151,556)</b>	<b>(53%)</b>
6 Wellness	<b>93,190</b>	36,254	<b>56,936</b>	<b>61%</b>	<b>279,570</b>	36,254	<b>243,316</b>	<b>87%</b>
7 Communications	<b>18,638</b>	-	<b>18,638</b>	<b>100%</b>	<b>55,914</b>	-	<b>55,914</b>	<b>100%</b>
8 ACA Reinsurance/PCORI Fees	<b>10,191</b>	-	<b>10,191</b>	<b>100%</b>	<b>29,187</b>	-	<b>29,187</b>	<b>100%</b>
9 98Point6	<b>52,231</b>	-	<b>52,231</b>	<b>100%</b>	<b>156,694</b>	104,321	<b>52,373</b>	<b>33%</b>
10 Conference Allowance	<b>4,846</b>	-	<b>4,846</b>	<b>100%</b>	<b>14,538</b>	-	<b>14,538</b>	<b>100%</b>
<b>TOTAL FIXED DISBURSEMENTS</b>	<b>2,383,861</b>	<b>2,161,039</b>	<b>222,821</b>	<b>9%</b>	<b>6,934,920</b>	<b>6,459,835</b>	<b>475,085</b>	<b>7%</b>
<b>DISBURSEMENTS: Claims</b>								
9 Projected Paid Claims (EPO/PPO/HDHP & RX)	<b>25,793,485</b>	28,131,358	<b>(2,337,873)</b>	<b>(9%)</b>	<b>74,491,897</b>	78,751,243	<b>(4,259,346)</b>	<b>(6%)</b>
10 Projected Paid Claims: Dental	<b>1,491,344</b>	1,413,009	<b>78,335</b>	<b>5%</b>	<b>4,368,146</b>	3,833,708	<b>534,438</b>	<b>12%</b>
<b>TOTAL CLAIMS DISBURSEMENTS</b>	<b>27,284,829</b>	<b>29,544,367</b>	<b>(2,259,538)</b>	<b>(8%)</b>	<b>78,860,043</b>	<b>82,584,951</b>	<b>(3,724,908)</b>	<b>(5%)</b>
<b>DISBURSEMENTS: Premiums</b>								
11 Delta Dental DHMO	<b>336,270</b>	471,602	<b>(135,332)</b>	<b>(40%)</b>	<b>1,008,809</b>	1,370,306	<b>(361,497)</b>	<b>(36%)</b>
12 Vision Service Plan	<b>234,055</b>	267,000	<b>(32,945)</b>	<b>(14%)</b>	<b>697,809</b>	747,713	<b>(49,904)</b>	<b>(7%)</b>
13 Kaiser Permanente	<b>11,099,293</b>	9,873,970	<b>1,225,323</b>	<b>11%</b>	<b>31,805,772</b>	28,862,703	<b>2,943,069</b>	<b>9%</b>
<b>TOTAL PREMIUM DISBURSEMENTS</b>	<b>11,669,618</b>	<b>10,612,572</b>	<b>1,057,046</b>	<b>9%</b>	<b>33,512,390</b>	<b>30,980,722</b>	<b>2,531,668</b>	<b>8%</b>
<b>TOTAL DISBURSEMENTS</b>	<b>41,338,308</b>	<b>42,317,978</b>	<b>(979,670)</b>	<b>(2%)</b>	<b>119,307,353</b>	<b>120,025,508</b>	<b>(718,155)</b>	<b>(1%)</b>
14 Change in Reserve	<b>468,969</b>	12,688,777	<b>12,219,808</b>	<b>2606%</b>	<b>4,109,619</b>	11,093,676	<b>6,984,057</b>	<b>170%</b>
<b>COMBINED DISBURSEMENTS &amp; CHANGES IN RESERVES</b>	<b>41,807,277</b>	<b>55,006,755</b>	<b>\$13,199,478</b>	<b>32%</b>	<b>123,416,972</b>	<b>131,119,184</b>	<b>\$7,702,212</b>	<b>6%</b>

\*The approved budget contains assumptions that may differ throughout the fiscal year. The budget amounts presented in this report were revised and approved on the 7/17/2021 Board Meeting.

**SAN JOAQUIN VALLEY INSURANCE AUTHORITY**  
**ANALYSIS OF ADMINISTRATION, WELLNESS & COMMUNICATIONS (FEES) - RECEIPTS & DISBURSEMENTS**  
**AS OF JUNE 30, 2022**  
**(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)
<b>FY 21-22</b>						
<b>Receipts*</b>	80,080			202,150		
<b>Disbursements:</b>						
Auditor-Treasurer Services	\$ 32,515			\$ 103,748		
Legal Services (CoF & CoT)	8,135			20,360		
Litigation	-			67,778		
Human Resource Services	64,356			84,408		
Insurance (Liability, Bond, Etc)	23,031			102,670		
Audit Fees	21,667			41,767		
Bank Service Fees	2,451			16,546		
Wellness		36,254			36,254	
Communications			-			-
<b>Total Disbursements**</b>	<b>\$ 152,155</b>	<b>\$ 36,254</b>	<b>\$ -</b>	<b>\$ 437,277</b>	<b>\$ 36,254</b>	<b>\$ -</b>
<b>Change in Administration, Wellness &amp; Communications Reserve</b>	<b>\$ (72,075)</b>	<b>\$ (36,254)</b>	<b>\$ -</b>	<b>\$ (235,127)</b>	<b>\$ (36,254)</b>	<b>\$ -</b>

\*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.

**San Joaquin Valley Insurance Authority**  
**Schedule of Cash Flows by Month**  
**As of June 30, 2022**  
**(UNAUDITED)**

	MARCH	APRIL	MAY	JUNE	TOTAL
<b>BEGINNING CASH BALANCES:</b>					
Claims Funding Account (294)	\$ 345,173	\$ 1,507,026	\$ 654,364	\$ 1,408,508	\$ 345,173
Claims Main Account (819)	2,437,272	1,130,744	995,399	3,398,692	2,437,272.00
Investment Pool	23,423,732	31,242,245	29,120,761	26,877,744	23,423,732.00
<b>Total Beginning Balances</b>	<b>26,206,177</b>	<b>33,880,015</b>	<b>30,770,524</b>	<b>31,684,944</b>	<b>26,206,177</b>
<b>RECEIPTS:</b>					
Claims Funding Account (294)	6,095,552	5,572,070	5,308,551	4,667,363	21,643,536
Claims Main Account (819)	9,395,855	11,557,246	12,319,689	8,625,747	41,898,538
Investment Pool	13,818,513	6,878,516	6,756,983	9,871,826	37,325,838
	29,309,920	24,007,832	24,385,223	23,164,936	100,867,912
<b>DISBURSEMENTS:</b>					
Claims Funding Account (294)	4,933,698	6,424,733	4,554,406	5,500,533	21,413,370
Claims Main Account (819)	10,702,383	11,692,591	9,916,396	9,567,946	41,879,316
Investment Pool	6,000,000	9,000,000	9,000,000	6,000,000	30,000,000
<b>TOTAL DISBURSEMENTS</b>	<b>21,636,081</b>	<b>27,117,324</b>	<b>23,470,802</b>	<b>21,068,479</b>	<b>93,292,686</b>
<b>ENDING CASH BALANCES:</b>					
Claims Funding Account (294)	1,507,026	654,364	1,408,508	575,338	575,338
Claims Main Account (819)	1,130,744	995,399	3,398,692	2,456,493	2,456,493
Investment Pool	31,242,245	29,120,761	26,877,744	30,749,570	30,749,570
<b>Total Ending Balances</b>	<b>\$ 33,880,015</b>	<b>\$ 30,770,524</b>	<b>\$ 31,684,944</b>	<b>\$ 33,781,401</b>	<b>\$ 33,781,401</b>
Less Outstanding Checks					(129,270)
Delta Dental Refund Check					1,790
Kaiser Q3 and Q4 Rebates					1,445,268
<b>TOTAL CASH</b>					<b>\$ 35,099,189</b>

## Glossary of Terms:

1 **Specific Stop Loss Insurance (PPO)**

**Specific:** Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible

2 **Administration & Network Fees (Anthem EPO/PPO/HDHP):**

Administrative services for the EPO/PPO/HDHP plans. Anthem Blue Cross administration fees to process claims, access the Anthem PPO network of providers, and Anthem services including claims management, utilization management, and customer service.

3 **EmpiRx Administration Fee (Anthem EPO/PPO):**

Administrative services to process and adjudicate EPO/PPO prescription drug claims. EmpiRx administration fee also includes prescription drug plan discount pricing, clinical management, utilization review, and customer service.

4 **Keenan Pharmacy Services (Anthem EPO/PPO):**

Consulting fee service for the negotiations of the PBM contract, preparing prescription drug plan performance reports, audit of PBM performance including: prescription drug rebates, prescription drug pricing performance standards, and claims adjudication accuracy.

5 **Myworkplace (Hourglass) Administration**

An independent vendor providing consolidated billing, eligibility and automated enrollment services.

6 **ASI Administration**

An independent vendor providing COBRA/retiree billing, and Section 125 administrative services.

7 **Keenan Consulting**

Keenan is a benefits consulting and brokerage firm 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.

8 **SJVIA Association Fee**

The association fee is used by SJVIA for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

**SJVIA Non-Founding Member Fee**

This fee is assessed to non-founding member entities and is used to offset administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority.

9 **Wellness (EPO/PPO/HDHP/Kaiser)**

SJVIA provides wellness services and a financial allocation for each member entity's wellness program based on available funds.

10 **Communications**

SJVIA provides funding for member communication campaigns and special employee communication materials. It may include fees for maintaining a presence at such trade associations as CAJPA, CALPELRA, etc.

11 **Delta Dental Claims Administration**

Administrative services for the dental plans. Delta Dental administration fees to process claims, access the PPO network of providers, and Delta Dental services including claims management, utilization management, and customer service.

12 **ACA Reinsurance/PCORI (EPO/PPO)**

The Affordable Care Act (ACA) includes the Patient Centered Outcomes Research Institute (PCORI) fee. No fee announced for 2020, may be reinstated in the future.

14 **Projected Paid Claims EPO/PPO/HDHP & Rx**

Projected self-insured paid claims for medical and prescription drugs

15 **Projected Paid Claims Dental**

Projected self-insured paid claims for dental

12 **Delta Dental**

Premium for entities covered under the SJVIA's fully-insured Delta Dental DHMO program

13 **VSP**

Premium for entities covered under the SJVIA's fully-insured VSP Vision program

14 **Kaiser Permanente**

Premium for entities covered under the SJVIA's fully-insured Kaiser HMO and DHMO program

15 **Kaiser Permanente - Senior Advantage**

Premium for entities covered under the SJVIA's fully-insured Kaiser Senior Advantage program





**BOARD OF DIRECTORS**

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item 9

**SUBJECT:** Receive Consultant's Medical, Dental, and Vision Experience Reports through June 2022 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

**REQUEST(S):** That the Board receive the consultant's medical, dental, and vision experience reports through June 2022 and update on projected plan experience surplus accumulation and projections.

**DESCRIPTION:**

The consultant's report shows that on a total cost basis from January through June 2022, the self-insured medical premium of \$40,172,129 was less than the total cost of \$40,895,965 for a deficit accumulation of (\$723,835), or a 101.8% loss ratio.

For the self-insured dental, the report shows that on a total cost basis, the dental premium of \$2,387,460 exceeded total cost of \$2,165,603 for an accumulation of \$221,856, or a 90.7% loss ratio.

The vision plan remains fully insured and has an accumulation of \$33,873. Under the fully insured arrangement all deficit or surplus positions stay with the carrier.

Keenan projected a \$4,135,672 accumulation for the 2022 plan year. The accumulation is built from premium exceeding plan costs, built-in margin on the Kaiser plan, prescription drug rebates, and other sources. As of June 30, 2022, \$1,348,835 of the annual total has been realized for the 2022 plan year.

Please note this is the consultant's report. Prior to allocating funds for IBNR and stabilization reserves, the SJVIA Auditor will provide the unaudited

**AGENDA:** San Joaquin Valley Insurance Authority

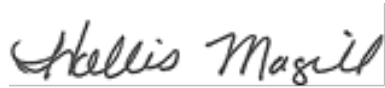
**DATE:** August 26, 2022

reserve accumulation based on actual revenue received and actual expenses paid.

**FISCAL IMPACT/FINANCING:**

The 2022 plan year experience through June developed a (\$723,835) medical deficit accumulation and a \$221,856 dental surplus accumulation for a total deficit of (\$501,979). The addition of \$1,445,268 in prescription drug rebates, the Kaiser reserve of \$201,935, and the Kaiser EPO parity reserve of \$203,611, brings the collective total reserve accumulation up to \$1,348,835 (based on the consultant's report; the SJVIA Auditor will provide the unaudited reserve accumulation based on actual revenue received and actual expenses paid).

**ADMINISTRATIVE SIGN-OFF:**



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Hollis Magill  
SJVIA Manager



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Lupe Garza  
SJVIA Assistant Manager

August 26, 2022

**SJVIA Board Meeting: Consultant’s Report 2022 Plan Experience (Medical, Dental, and Vision) through June 2022**

The following pages provide a summary of the plan experience from January 1 through June 30, 2022 for the self-funded medical and dental plans, as well as the fully insured vision plan (Kaiser and Delta Dental DHMO experience is not available).

The SJVIA self-funded plans show a deficit position of (\$501,979) through June 2022. The County of Fresno is in a \$585,600 surplus position and the County of Tulare is in a (\$1,087,579) deficit position.

Accumulation	COF	COT	Total
Medical	\$ 401,483	\$ (1,125,318)	\$ (723,835)
Dental	\$ 184,117	\$ 37,739	\$ 221,856
Total	\$ 585,600	\$ (1,087,579)	\$ (501,979)
Vision (Insured)	\$ 38,219	\$ (4,346)	\$ 33,873
Loss Ratio			
Medical	98.5%	108.3%	101.8%
Dental	89.0%	94.7%	90.7%
Vision	85.7%	104.2%	90.8%

To curb reserve accumulation throughout 2022, the County of Tulare reduced its margin to 0.0%, and the County of Fresno reduced its margin requirement to 1.5%.

The Anthem self-funded medical plans show an accumulated deficit position of (\$723,835) for a 101.8% total cost loss ratio.

The Delta Dental self-funded dental plan shows an accumulated surplus position of \$221,856 for a 90.7% total cost loss ratio.

The vision plan remains fully insured and shows an accumulated position of \$33,873 for a 90.8% total cost loss ratio. Under the fully insured arrangement all deficit or surplus positions remain with the carrier.

For 2022, the County of Fresno discontinued two PPO plans with marginal enrollment and added two EPO plans containing greater cost share features with covered members. The result over the first six months for all medical plans has been a reserve buildup of \$401,483.

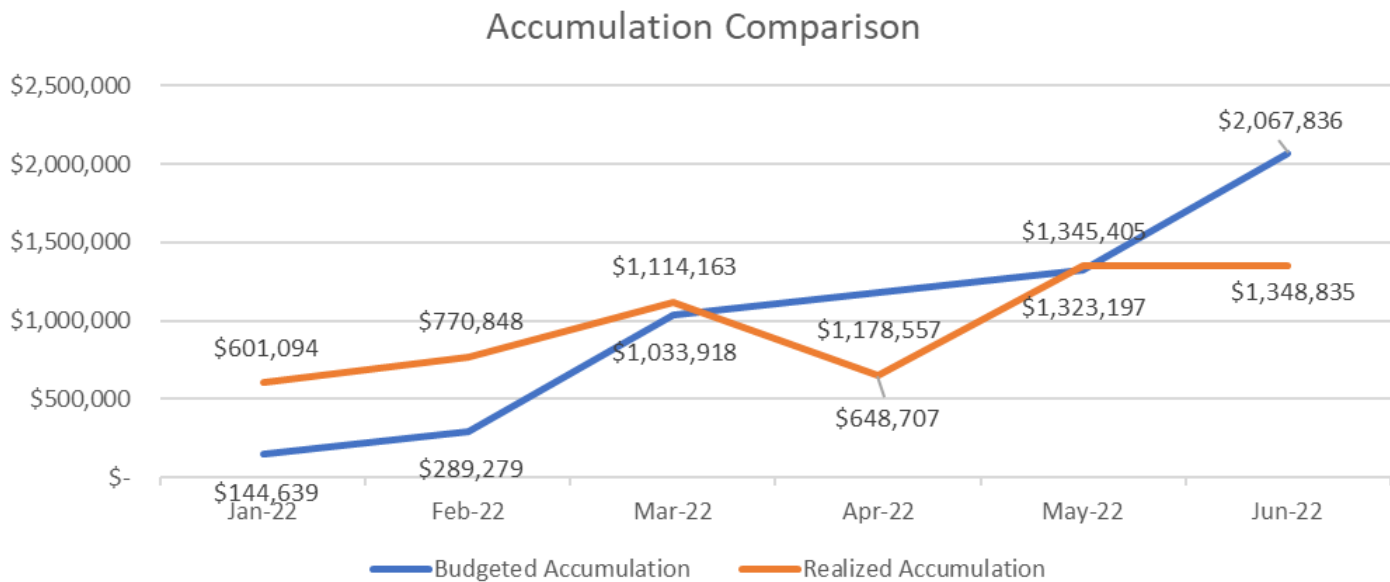
The County continues its cross-subsidy strategy between the EPO, PPO, and High Deductible Health Plans (HDHP) and the EPO/Kaiser parity strategy setting the EPO, and Kaiser rates equivalent.

The County of Tulare has had greater than expected claim costs in 2022 (in particular, large claim cost). The result has been a (\$1,087,579) deficit position over the first six months.

Based on the 2022 renewals, Keenan projected a reserve accumulation of \$4,135,672 including \$2,400,000 in prescription drug rebates. Through June 2022, a budgeted accumulation of \$1,200,000 was expected, with \$1,445,268 realized for a difference of \$245,268.

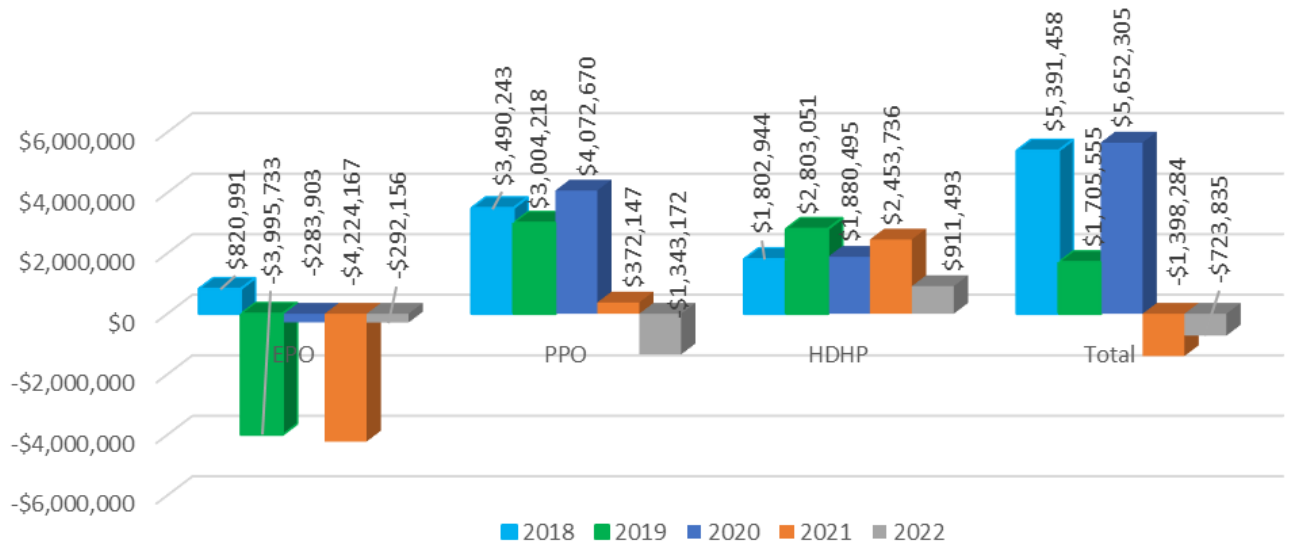
The County of Fresno Kaiser margin and EPO Parity margin have a total six-month budget \$460,882 with a realized accumulation of \$423,791. The (\$37,091) difference is due to variances in enrollment.

Over the first six months of the year, a budgeted accumulation of \$2,067,836 was projected (50.0% of budget), and a \$1,348,835 accumulation was realized (32.6% of the budget). The SJVIA is approximately \$719,001 or 17.4% behind budget through June's experience period.

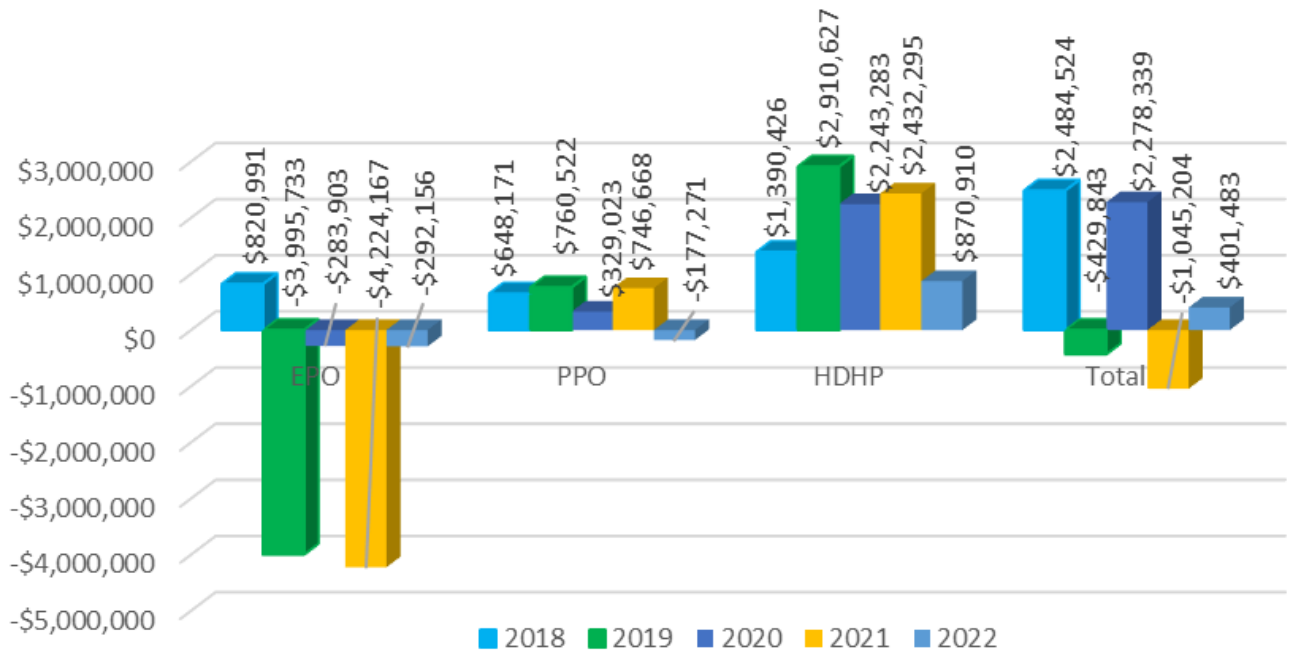


Please note that this is the consultant's report and prior to allocating funds for IBNR, the stabilization reserve, and to provide loan repayment, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid.

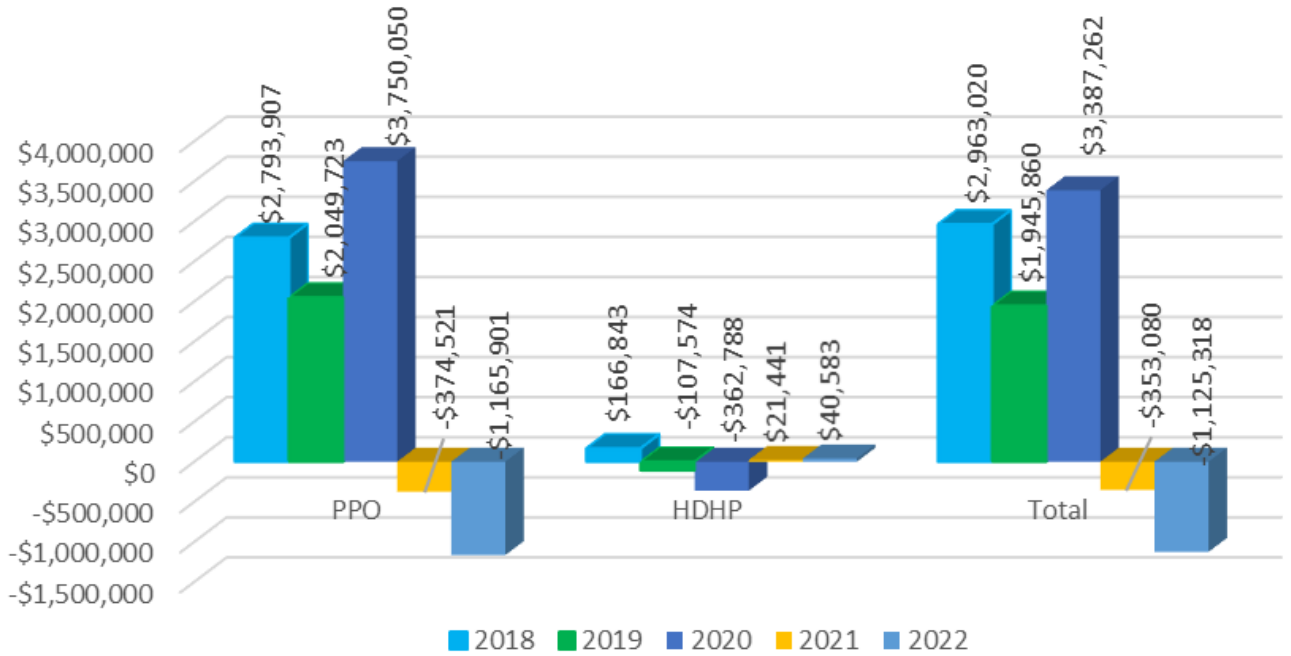
### SJVIA - 2018 to 2022 - June



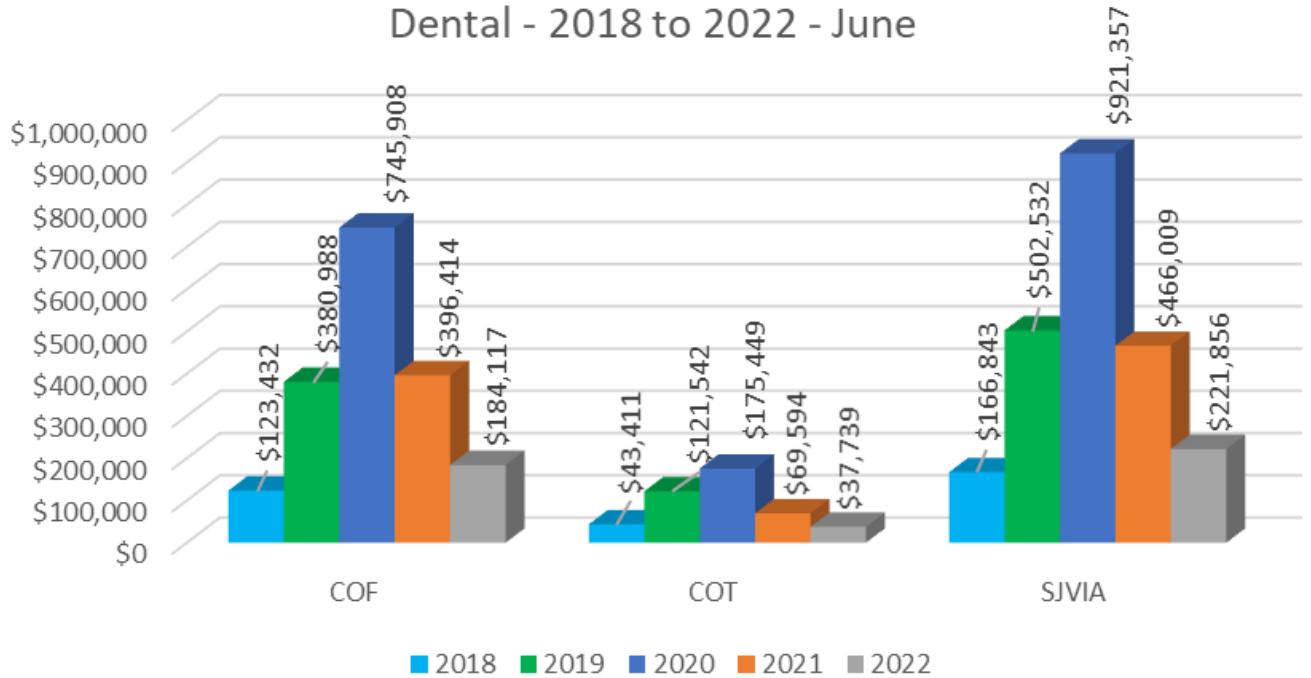
### County of Fresno - 2018 to 2022 - June

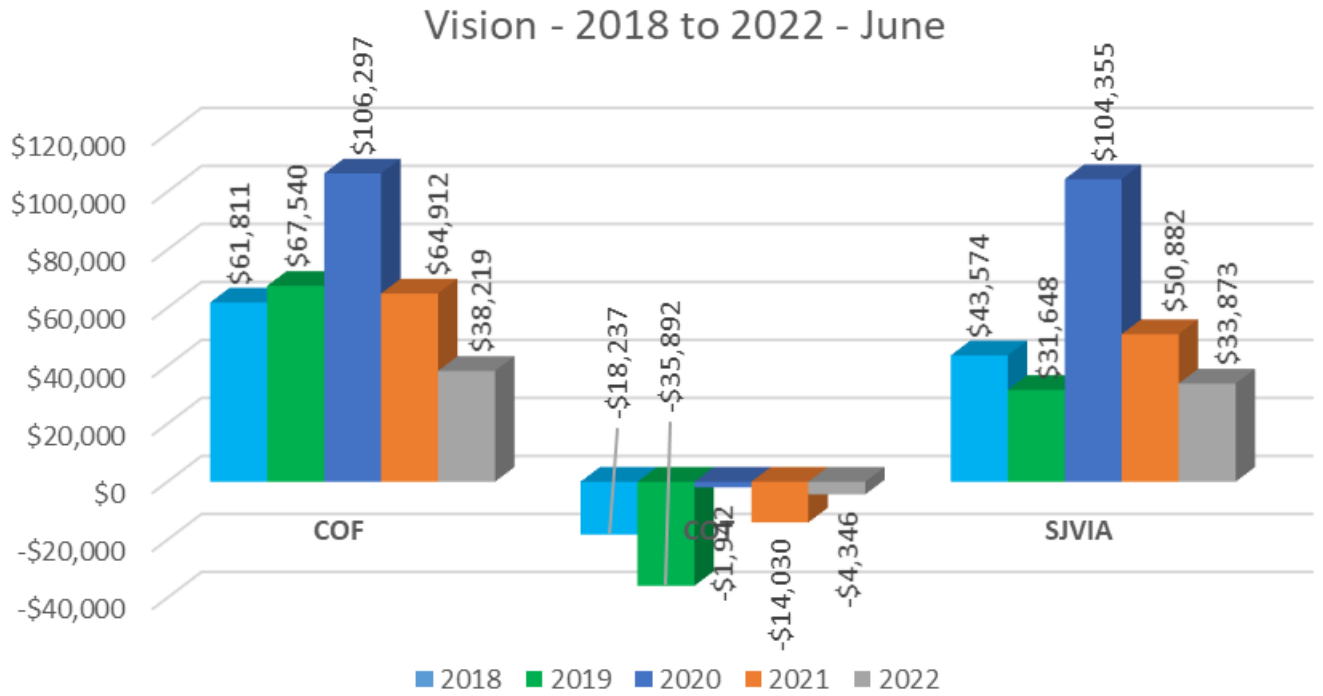


### County of Tulare - 2018 to 2022 - June



### Dental - 2018 to 2022 - June





Budget vs. Calculated Accumulation													
2020	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Budget</b>													
Plan Experience (Medical)	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 168,530	\$ 2,022,355
Plan Experience (Dental)	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 6,991	\$ 83,897
Kaiser Accumulation	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 68,981	\$ 827,773
Kaiser EPO Parity Accumulation	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 168,307	\$ 2,019,689
Prescription Drug Rebates	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ 1,600,000
2020 Budgeted Accumulation	\$ 412,810	\$ 412,810	\$ 812,810	\$ 412,810	\$ 412,810	\$ 812,810	\$ 412,810	\$ 412,810	\$ 812,810	\$ 412,810	\$ 412,810	\$ 812,810	\$ 6,553,714
<b>Calculated</b>													
Plan Experience (Medical)	\$ 719,955	\$ 1,022,844	\$ (107,282)	\$ 961,782	\$ 1,013,371	\$ 1,186,760	\$ 229,036	\$ (485,775)	\$ 325,160	\$ 147,490	\$ 169,133	\$ 469,831	\$ 5,652,305
Plan Experience (Dental)	\$ 7,830	\$ (1,602)	\$ 71,933	\$ 244,874	\$ 251,996	\$ 117,106	\$ (2,167)	\$ 83,889	\$ 58,852	\$ (27,210)	\$ 70,676	\$ 45,180	\$ 921,357
Kaiser Accumulation	\$ 67,723	\$ 67,721	\$ 67,742	\$ 67,653	\$ 68,624	\$ 69,209	\$ 68,940	\$ 68,709	\$ 68,821	\$ 68,339	\$ 68,317	\$ 68,542	\$ 820,340
Kaiser EPO Parity Accumulation	\$ 300,988	\$ 301,602	\$ 301,286	\$ 300,610	\$ 305,046	\$ 307,708	\$ 305,644	\$ 304,548	\$ 305,603	\$ 303,806	\$ 303,745	\$ 304,353	\$ 3,644,938
Prescription Drug Rebates	\$ -	\$ 444,726	\$ -	\$ -	\$ 465,054	\$ -	\$ 473,497	\$ 546,922	\$ -	\$ 578,620	\$ -	\$ -	\$ 2,508,819
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,779	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,779
2020 Calculated Accumulation	\$ 1,096,496	\$ 1,835,290	\$ 333,678	\$ 1,574,919	\$ 2,104,091	\$ 1,792,562	\$ 1,074,950	\$ 518,293	\$ 758,436	\$ 1,071,045	\$ 611,871	\$ 887,906	\$ 13,659,539
<b>2021</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>Total</b>
<b>Budget</b>													
Plan Experience (Medical)	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 2,761,249
Plan Experience (Dental)	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 72,913
Kaiser Accumulation	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 811,898
Kaiser EPO Parity Accumulation	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 3,175,390
Prescription Drug Rebates	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ 2,000,000
2021 Budgeted Accumulation	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 8,821,449
<b>Calculated</b>													
Plan Experience (Medical)	\$ 1,353,029	\$ 1,298,026	\$ 279,275	\$ (485,754)	\$ (331,137)	\$ (461,172)	\$ (1,373)	\$ (322,615)	\$ (306,160)	\$ (1,214,629)	\$ 223,704	\$ (1,429,478)	\$ (1,398,284)
Plan Experience (Dental)	\$ 64,691	\$ 26,113	\$ (1,592)	\$ (35,574)	\$ 37,376	\$ 94,161	\$ (1,159)	\$ 66,369	\$ 9,334	\$ 77,344	\$ 83,324	\$ 45,621	\$ 466,009
Kaiser Accumulation	\$ 66,307	\$ 66,453	\$ 66,255	\$ 66,166	\$ 65,959	\$ 66,167	\$ 65,943	\$ 65,952	\$ 65,688	\$ 65,449	\$ 64,245	\$ 64,081	\$ 788,665
Kaiser EPO Parity Accumulation	\$ 207,743	\$ 208,215	\$ 207,587	\$ 207,287	\$ 206,687	\$ 207,226	\$ 206,410	\$ 206,384	\$ 205,598	\$ 204,873	\$ 201,003	\$ 200,492	\$ 2,469,507
Prescription Drug Rebates	\$ -	\$ -	\$ -	\$ -	\$ 751,762	\$ 645,084	\$ -	\$ -	\$ 633,828	\$ -	\$ -	\$ 694,892	\$ 2,725,566
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2021 Calculated Accumulation	\$ 1,691,771	\$ 1,598,807	\$ 551,526	\$ (247,875)	\$ 730,647	\$ 551,466	\$ 269,821	\$ 16,090	\$ 608,289	\$ (866,963)	\$ 572,276	\$ (424,392)	\$ 5,051,462
<b>2022</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>Total</b>
<b>Budget</b>													
Plan Experience (Medical)	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 746,903
Plan Experience (Dental)	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 67,005
Kaiser Accumulation	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 462,781
Kaiser EPO Parity Accumulation	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 458,983
Prescription Drug Rebates	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ 2,400,000
2022 Budgeted Accumulation	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 4,135,672
<b>Calculated</b>													
Plan Experience (Medical)	\$ 416,646	\$ (707,754)	\$ 334,315	\$ (579,163)	\$ (111,440)	\$ (76,439)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (723,835)
Plan Experience (Dental)	\$ 115,834	\$ 64,486	\$ (58,680)	\$ 46,312	\$ 40,850	\$ 13,054	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 221,856
Kaiser Accumulation	\$ 34,185	\$ 33,794	\$ 33,676	\$ 33,547	\$ 33,454	\$ 33,279	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 201,935
Kaiser EPO Parity Accumulation	\$ 34,429	\$ 34,110	\$ 34,004	\$ 33,848	\$ 33,684	\$ 33,536	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 203,611
Prescription Drug Rebates	\$ -	\$ 745,118	\$ -	\$ -	\$ 700,150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,445,268
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2022 Calculated Accumulation	\$ 601,094	\$ 169,754	\$ 343,315	\$ (465,456)	\$ 696,698	\$ 3,430	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,348,835

Please note, this is the consultant’s report and prior to allocating funds for IBNR, the stabilization reserve, and to provide loan repayment, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid.





**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
All Districts Combined - All Medical**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jul-20	6,968	\$6,819,610	\$4,475,289	\$1,685,279	\$588,071	-\$158,003	\$6,590,636	\$228,974	\$861.45	96.6%
Aug-20	6,938	\$6,792,540	\$5,008,363	\$1,684,425	\$585,527	\$0	\$7,278,315	-\$485,775	\$964.66	107.2%
Sep-20	6,933	\$6,801,882	\$4,574,477	\$1,739,350	\$585,085	-\$425,617	\$6,473,295	\$328,587	\$849.30	95.2%
Oct-20	6,923	\$6,790,493	\$4,386,987	\$1,679,677	\$584,341	-\$7,062	\$6,643,942	\$146,551	\$875.29	97.8%
Nov-20	6,906	\$6,780,776	\$4,568,373	\$1,596,575	\$582,784	-\$136,088	\$6,611,644	\$169,132	\$872.99	97.5%
Dec-20	6,949	\$6,937,529	\$4,146,495	\$1,790,422	\$586,732	-\$55,952	\$6,467,697	\$469,832	\$846.30	93.2%
Jan-21	6,939	\$6,835,812	\$3,445,192	\$1,445,101	\$606,632	-\$14,142	\$5,482,782	\$1,353,030	\$702.72	80.2%
Feb-21	6,914	\$6,805,840	\$3,486,476	\$1,465,588	\$604,493	-\$48,745	\$5,507,813	\$1,298,027	\$709.19	80.9%
Mar-21	6,920	\$6,817,463	\$4,064,322	\$1,728,420	\$605,278	\$140,168	\$6,538,189	\$279,274	\$857.36	95.9%
Apr-21	6,909	\$6,797,992	\$4,791,356	\$1,888,118	\$604,271	\$0	\$7,283,745	-\$485,753	\$966.78	107.1%
May-21	6,886	\$6,772,350	\$4,870,315	\$1,642,795	\$601,963	-\$11,586	\$7,103,487	-\$331,138	\$944.17	104.9%
Jun-21	6,879	\$6,752,667	\$4,920,296	\$1,764,044	\$601,071	-\$71,571	\$7,213,839	-\$461,172	\$961.30	106.8%
Jul-21	6,871	\$6,746,271	\$4,392,129	\$1,764,690	\$600,295	-\$9,470	\$6,747,644	-\$1,373	\$894.68	100.0%
Aug-21	6,855	\$6,725,330	\$4,513,782	\$1,957,189	\$599,020	-\$22,046	\$7,047,945	-\$322,615	\$940.76	104.8%
Sep-21	6,842	\$6,712,781	\$4,671,941	\$1,787,845	\$598,067	-\$38,912	\$7,018,941	-\$306,160	\$938.45	104.6%
Oct-21	6,840	\$6,714,383	\$5,343,266	\$2,014,316	\$597,769	-\$26,337	\$7,929,013	-\$1,214,629	\$1,071.82	118.1%
Nov-21	6,835	\$6,699,474	\$3,946,356	\$2,080,285	\$597,563	-\$148,433	\$6,475,770	\$223,704	\$860.02	96.7%
Dec-21	6,908	\$6,866,997	\$5,886,847	\$1,881,238	\$605,962	-\$77,573	\$8,296,474	-\$1,429,478	\$1,113.28	120.8%
Jan-22	6,908	\$6,849,292	\$3,972,472	\$1,872,019	\$605,806	-\$17,651	\$6,432,646	\$416,645	\$843.49	93.9%
Feb-22	6,767	\$6,688,617	\$5,169,746	\$1,804,436	\$594,784	-\$172,594	\$7,396,372	-\$707,755	\$1,005.11	110.6%
Mar-22	6,753	\$6,662,993	\$3,854,656	\$1,880,411	\$593,611	\$0	\$6,328,678	\$334,314	\$849.26	95.0%
Apr-22	6,705	\$6,607,160	\$5,391,769	\$1,919,594	\$589,103	-\$714,143	\$7,186,323	-\$579,163	\$983.93	108.8%
May-22	6,712	\$6,615,024	\$4,186,239	\$1,950,480	\$589,745	\$0	\$6,726,464	-\$111,440	\$914.29	101.7%
Jun-22	6,844	\$6,749,043	\$4,177,448	\$2,044,212	\$599,980	\$3,842	\$6,825,482	-\$76,439	\$909.63	101.1%
<b>2019</b>	<b>6,947</b>	<b>\$79,302,855</b>	<b>\$51,794,033</b>	<b>\$18,908,423</b>	<b>\$7,036,763</b>	<b>-\$39,265</b>	<b>\$77,699,954</b>	<b>\$1,602,901</b>	<b>\$847.62</b>	<b>98.0%</b>
<b>2020</b>	<b>6,952</b>	<b>\$81,862,351</b>	<b>\$49,822,070</b>	<b>\$20,227,143</b>	<b>\$7,042,998</b>	<b>-\$905,527</b>	<b>\$76,186,685</b>	<b>\$5,675,667</b>	<b>\$828.83</b>	<b>93.1%</b>
<b>2021</b>	<b>6,883</b>	<b>\$81,247,360</b>	<b>\$54,332,276</b>	<b>\$21,419,630</b>	<b>\$7,222,384</b>	<b>-\$328,648</b>	<b>\$82,645,642</b>	<b>-\$1,398,283</b>	<b>\$913.14</b>	<b>101.7%</b>
<b>2022 YTD</b>	<b>6,782</b>	<b>\$40,172,129</b>	<b>\$26,752,331</b>	<b>\$11,471,151</b>	<b>\$3,573,030</b>	<b>-\$900,546</b>	<b>\$40,895,965</b>	<b>-\$723,836</b>	<b>\$917.27</b>	<b>101.8%</b>
<b>Current 12 Months</b>	<b>6,820</b>	<b>\$80,637,366</b>	<b>\$55,506,651</b>	<b>\$22,956,714</b>	<b>\$7,171,705</b>	<b>-\$1,223,318</b>	<b>\$84,411,752</b>	<b>-\$3,774,387</b>	<b>\$943.79</b>	<b>104.7%</b>

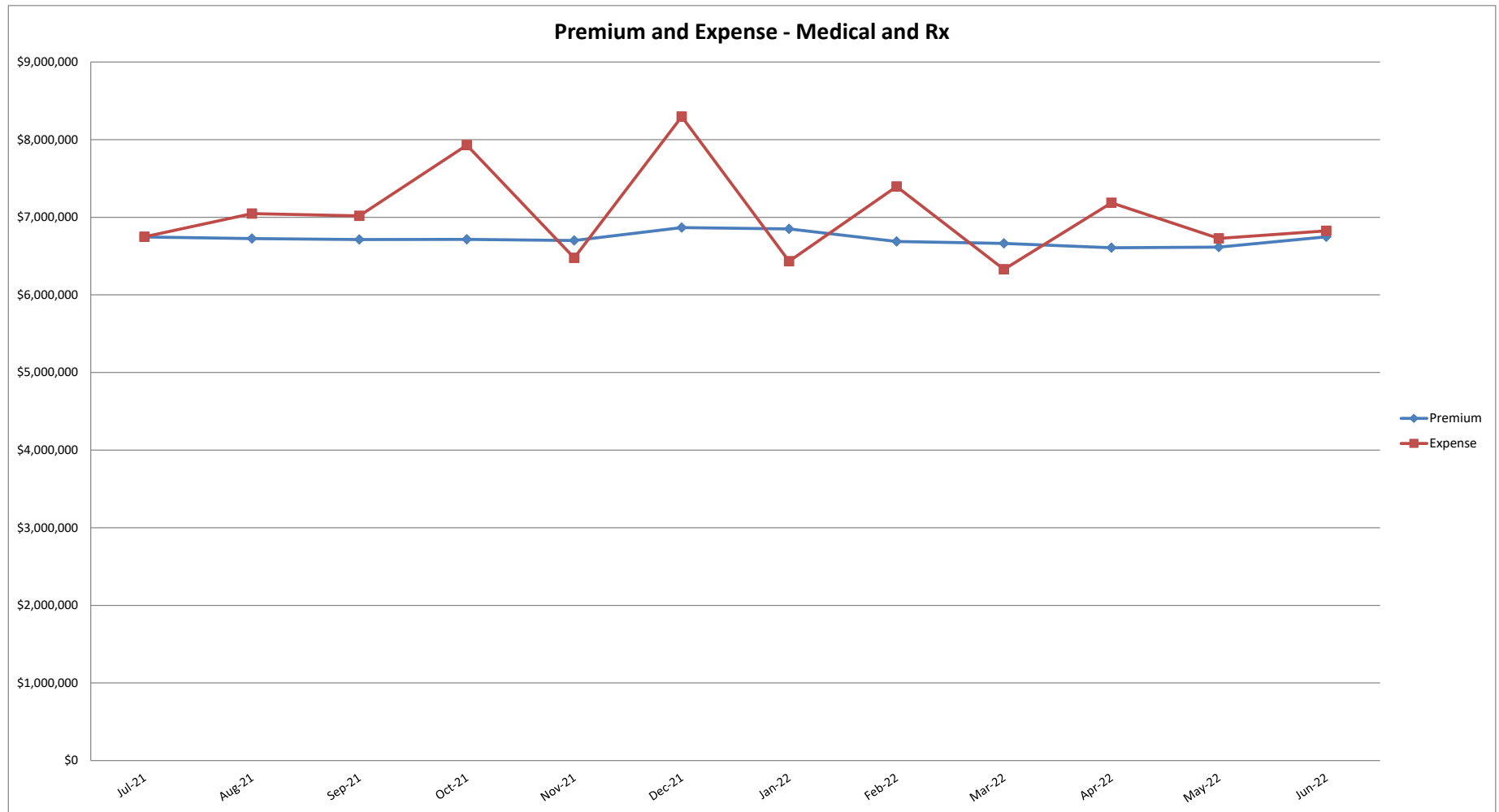
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**Notes:**

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**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
All Districts Combined - All Medical**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**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			
Jul-20	3,074	\$3,630,586	\$2,741,750	\$935,714	\$294,336	-\$158,003	\$3,813,797	-\$183,211	\$1,144.91	105.0%
Aug-20	3,061	\$3,619,689	\$3,087,343	\$895,240	\$293,091	\$0	\$4,275,674	-\$655,985	\$1,301.07	118.1%
Sep-20	3,058	\$3,619,677	\$3,014,014	\$911,800	\$292,804	-\$425,617	\$3,793,000	-\$173,323	\$1,144.60	104.8%
Oct-20	3,061	\$3,617,647	\$2,593,976	\$940,465	\$293,091	-\$7,062	\$3,820,469	-\$202,822	\$1,152.36	105.6%
Nov-20	3,043	\$3,617,395	\$2,769,050	\$845,938	\$291,367	-\$136,088	\$3,770,267	-\$152,871	\$1,143.25	104.2%
Dec-20	3,074	\$3,743,398	\$2,535,971	\$936,403	\$294,336	-\$55,952	\$3,710,757	\$32,641	\$1,111.39	99.1%
Jan-21	3,067	\$3,737,985	\$2,203,064	\$791,611	\$307,896	-\$14,142	\$3,288,428	\$449,557	\$971.81	88.0%
Feb-21	3,058	\$3,722,132	\$2,375,395	\$820,685	\$306,993	-\$48,745	\$3,454,329	\$267,804	\$1,029.21	92.8%
Mar-21	3,072	\$3,733,137	\$2,399,018	\$956,694	\$308,398	\$140,168	\$3,804,278	-\$71,141	\$1,137.98	101.9%
Apr-21	3,065	\$3,717,390	\$3,044,265	\$1,060,084	\$307,695	\$0	\$4,412,044	-\$694,654	\$1,339.10	118.7%
May-21	3,042	\$3,691,769	\$3,502,522	\$919,189	\$305,386	-\$11,586	\$4,715,512	-\$1,023,744	\$1,449.75	127.7%
Jun-21	3,027	\$3,671,906	\$2,929,075	\$944,767	\$303,881	-\$71,571	\$4,106,151	-\$434,245	\$1,256.12	111.8%
Jul-21	3,020	\$3,662,187	\$2,825,914	\$945,999	\$303,178	-\$9,470	\$4,065,620	-\$403,433	\$1,245.84	111.0%
Aug-21	3,018	\$3,652,449	\$3,077,988	\$1,082,497	\$302,977	-\$22,046	\$4,441,416	-\$788,967	\$1,371.25	121.6%
Sep-21	3,020	\$3,649,373	\$2,559,309	\$1,004,805	\$303,178	-\$38,912	\$3,828,380	-\$179,007	\$1,167.29	104.9%
Oct-21	3,014	\$3,645,539	\$3,245,752	\$1,037,188	\$302,575	-\$26,337	\$4,559,179	-\$913,639	\$1,412.28	125.1%
Nov-21	3,022	\$3,637,651	\$2,185,951	\$1,204,195	\$303,379	-\$46,784	\$3,646,741	-\$9,090	\$1,106.34	100.2%
Dec-21	3,139	\$3,854,725	\$3,057,366	\$946,150	\$315,124	-\$40,307	\$4,278,333	-\$423,608	\$1,262.57	111.0%
Jan-22	3,132	\$3,843,069	\$2,244,009	\$1,034,255	\$314,421	-\$17,651	\$3,575,034	\$268,035	\$1,041.06	93.0%
Feb-22	3,127	\$3,837,525	\$2,999,183	\$951,654	\$313,920	-\$172,594	\$4,092,163	-\$254,638	\$1,208.26	106.6%
Mar-22	3,123	\$3,821,163	\$2,205,661	\$967,899	\$313,518	\$0	\$3,487,078	\$334,084	\$1,016.19	91.3%
Apr-22	3,088	\$3,779,197	\$3,765,649	\$978,614	\$310,004	-\$714,143	\$4,340,124	-\$560,927	\$1,305.09	114.8%
May-22	3,093	\$3,781,688	\$2,594,361	\$1,007,873	\$310,506	\$0	\$3,912,740	-\$131,052	\$1,164.64	103.5%
Jun-22	3,094	\$3,779,828	\$2,382,427	\$1,030,610	\$310,607	\$3,842	\$3,727,486	\$52,342	\$1,104.36	98.6%
<b>2019</b>	<b>3,062</b>	<b>\$42,445,762</b>	<b>\$33,226,729</b>	<b>\$9,750,935</b>	<b>\$3,517,759</b>	<b>-\$39,265</b>	<b>\$46,456,159</b>	<b>-\$4,010,396</b>	<b>\$1,168.74</b>	<b>109.4%</b>
<b>2020</b>	<b>3,078</b>	<b>\$43,778,298</b>	<b>\$30,389,324</b>	<b>\$11,042,260</b>	<b>\$3,536,143</b>	<b>-\$905,527</b>	<b>\$44,062,200</b>	<b>-\$283,903</b>	<b>\$1,097.35</b>	<b>100.6%</b>
<b>2021</b>	<b>3,047</b>	<b>\$44,376,243</b>	<b>\$33,405,619</b>	<b>\$11,713,863</b>	<b>\$3,670,660</b>	<b>-\$189,731</b>	<b>\$48,600,411</b>	<b>-\$4,224,167</b>	<b>\$1,228.80</b>	<b>109.5%</b>
<b>2022 YTD</b>	<b>3,110</b>	<b>\$22,842,469</b>	<b>\$16,191,290</b>	<b>\$5,970,905</b>	<b>\$1,872,976</b>	<b>-\$900,546</b>	<b>\$23,134,625</b>	<b>-\$292,156</b>	<b>\$1,139.61</b>	<b>101.3%</b>
<b>Current 12 Months</b>	<b>3,074</b>	<b>\$44,944,394</b>	<b>\$33,143,570</b>	<b>\$12,191,738</b>	<b>\$3,703,387</b>	<b>-\$1,084,402</b>	<b>\$47,954,294</b>	<b>-\$3,009,900</b>	<b>\$1,199.54</b>	<b>106.7%</b>

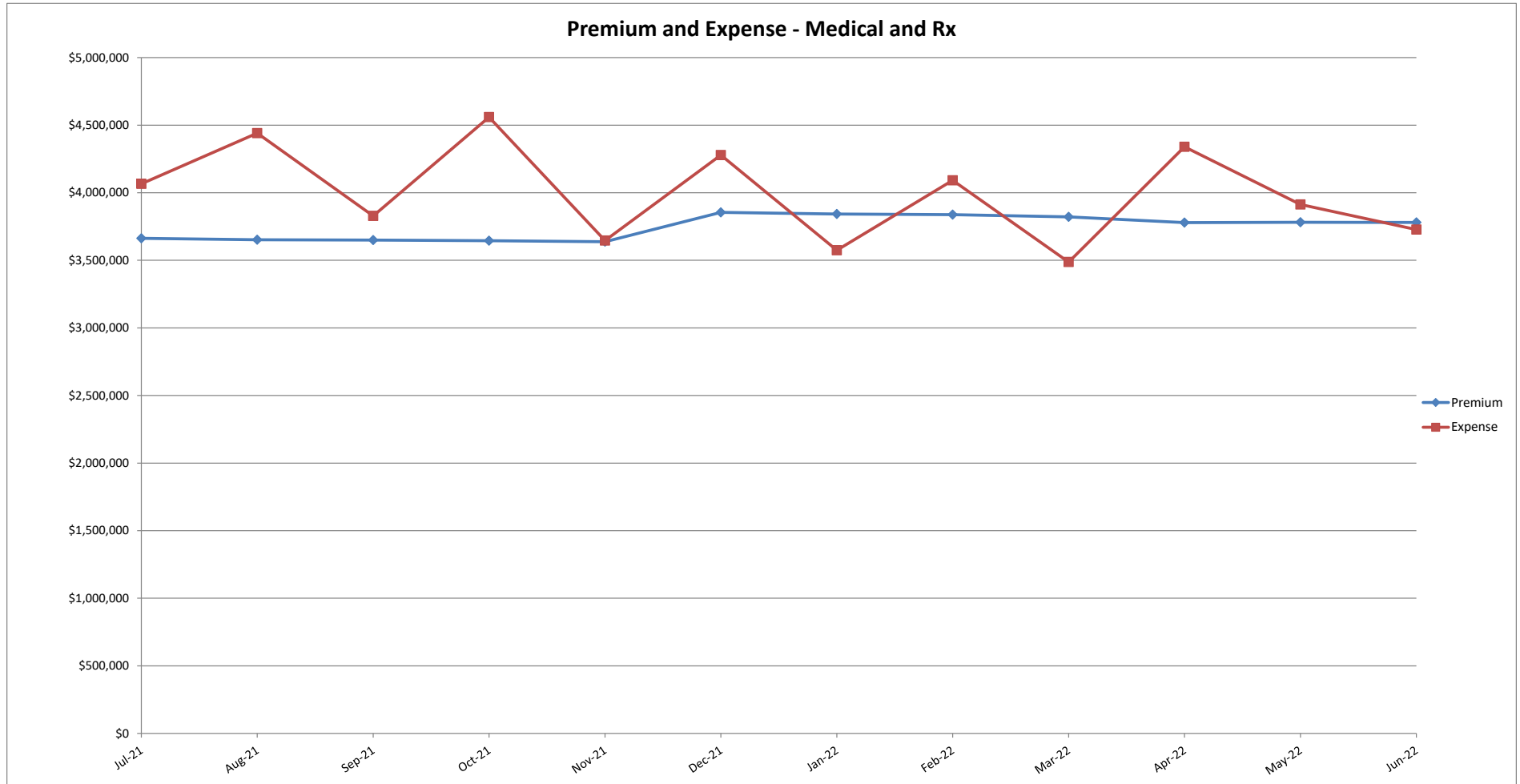
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**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**All Districts Combined - EPO**





**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
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			
Jul-20	3,121	\$2,596,813	\$1,500,404	\$631,333	\$231,350	\$0	\$2,363,086	\$233,727	\$683.03	91.0%
Aug-20	3,110	\$2,586,838	\$1,658,725	\$695,098	\$230,530	\$0	\$2,584,354	\$2,485	\$756.86	99.9%
Sep-20	3,111	\$2,598,055	\$1,389,579	\$692,283	\$230,619	\$0	\$2,312,480	\$285,575	\$669.19	89.0%
Oct-20	3,106	\$2,594,307	\$1,545,213	\$659,880	\$230,228	\$0	\$2,435,321	\$158,986	\$709.95	93.9%
Nov-20	3,094	\$2,583,263	\$1,470,375	\$659,322	\$229,341	\$0	\$2,359,039	\$224,224	\$688.33	91.3%
Dec-20	3,101	\$2,595,954	\$1,379,137	\$727,520	\$229,916	\$0	\$2,336,573	\$259,381	\$679.35	90.0%
Jan-21	3,104	\$2,504,597	\$1,157,039	\$593,016	\$239,961	\$0	\$1,990,016	\$514,580	\$563.81	79.5%
Feb-21	3,093	\$2,496,373	\$931,312	\$589,641	\$239,109	\$0	\$1,760,063	\$736,311	\$491.74	70.5%
Mar-21	3,085	\$2,495,225	\$1,455,976	\$691,731	\$238,489	\$0	\$2,386,197	\$109,029	\$696.18	95.6%
Apr-21	3,083	\$2,492,058	\$1,544,764	\$776,655	\$238,338	\$0	\$2,559,757	-\$67,699	\$752.97	102.7%
May-21	3,086	\$2,495,031	\$1,145,567	\$624,326	\$238,569	\$0	\$2,008,462	\$486,569	\$573.52	80.5%
Jun-21	3,087	\$2,488,226	\$1,694,193	\$747,521	\$238,648	\$0	\$2,680,362	-\$192,136	\$790.97	107.7%
Jul-21	3,090	\$2,494,207	\$1,427,272	\$753,534	\$238,882	\$0	\$2,419,688	\$74,519	\$705.76	97.0%
Aug-21	3,087	\$2,491,876	\$1,222,457	\$776,159	\$238,649	\$0	\$2,237,265	\$254,611	\$647.43	89.8%
Sep-21	3,077	\$2,487,175	\$1,830,806	\$721,418	\$237,878	\$0	\$2,790,102	-\$302,927	\$829.45	112.2%
Oct-21	3,072	\$2,488,535	\$1,677,725	\$846,328	\$237,493	\$0	\$2,761,547	-\$273,012	\$821.63	111.0%
Nov-21	3,053	\$2,478,069	\$1,536,450	\$793,988	\$236,025	-\$101,650	\$2,464,813	\$13,255	\$730.03	99.5%
Dec-21	3,053	\$2,471,781	\$2,409,174	\$844,781	\$236,044	-\$37,267	\$3,452,733	-\$980,952	\$1,053.62	139.7%
Jan-22	3,061	\$2,469,279	\$1,248,318	\$791,296	\$236,665	\$0	\$2,276,279	\$193,000	\$666.32	92.2%
Feb-22	2,923	\$2,315,333	\$1,947,940	\$816,778	\$225,990	\$0	\$2,990,708	-\$675,376	\$945.85	129.2%
Mar-22	2,917	\$2,310,116	\$1,442,855	\$862,356	\$225,524	\$0	\$2,530,735	-\$220,619	\$790.27	109.6%
Apr-22	2,916	\$2,302,514	\$1,447,734	\$828,948	\$225,448	\$0	\$2,502,130	-\$199,616	\$780.76	108.7%
May-22	2,903	\$2,298,189	\$1,273,822	\$871,587	\$224,442	\$0	\$2,369,851	-\$71,662	\$739.03	103.1%
Jun-22	3,036	\$2,437,299	\$1,676,534	\$894,936	\$234,729	\$0	\$2,806,199	-\$368,900	\$846.99	115.1%
2019	3,095	\$29,640,712	\$16,034,925	\$8,042,317	\$2,753,224	\$0	\$26,830,466	\$2,810,246	\$648.25	90.5%
2020	3,106	\$31,016,026	\$16,031,702	\$8,143,049	\$2,762,203	\$0	\$26,936,953	\$4,079,073	\$648.71	86.8%
2021	3,081	\$29,883,153	\$18,032,736	\$8,759,099	\$2,858,087	-\$138,916	\$29,511,005	\$372,148	\$720.93	98.8%
2022 YTD	2,959	\$14,132,729	\$9,037,203	\$5,065,902	\$1,372,797	\$0	\$15,475,902	-\$1,343,173	\$794.27	109.5%
Current 12 Months	3,016	\$29,044,371	\$19,141,087	\$9,802,111	\$2,797,768	-\$138,916	\$31,602,050	-\$2,557,679	\$795.96	108.8%

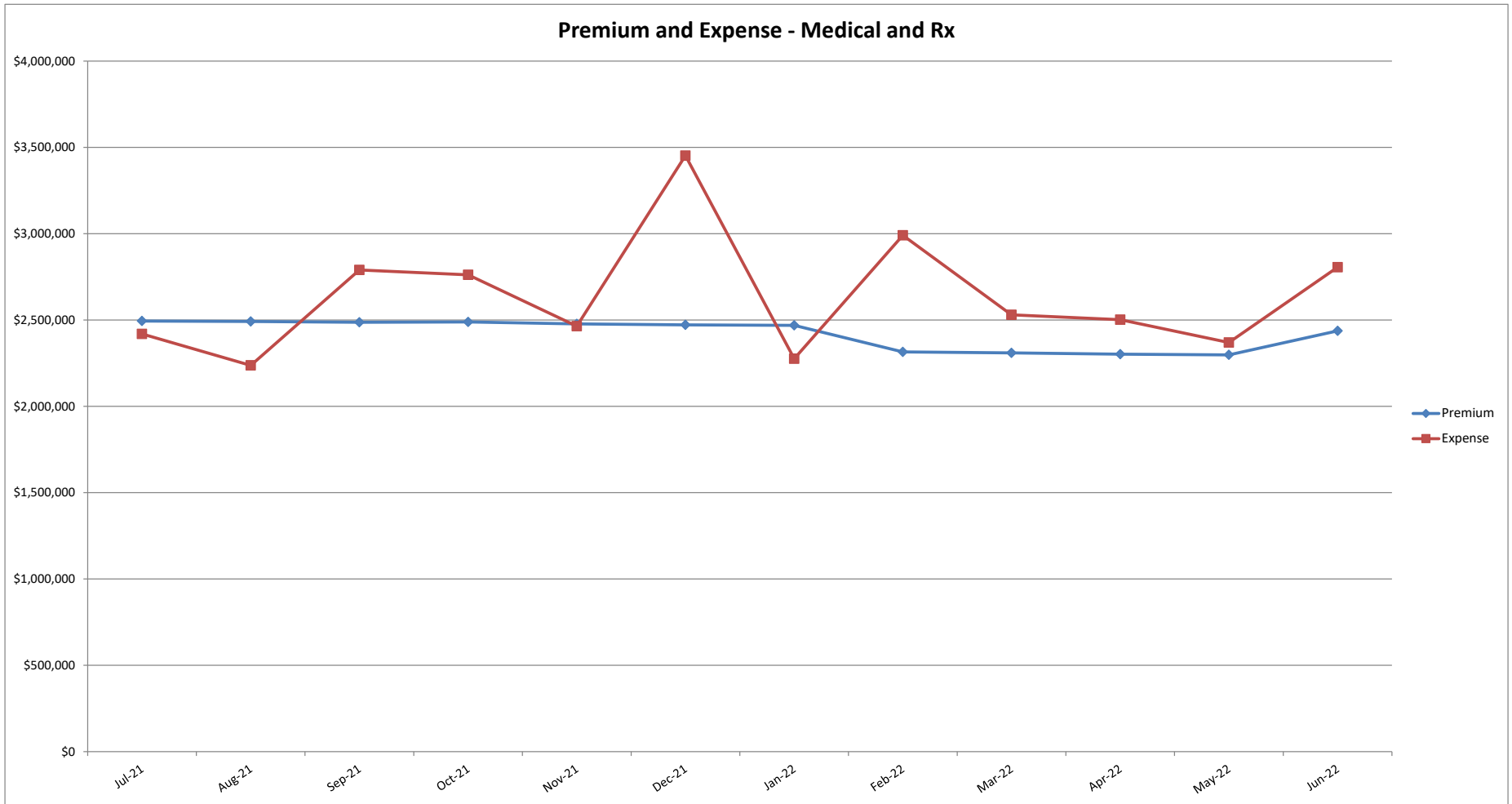
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Anthem Blue Cross Premium and Claims Report as of June 2022  
All Districts Combined - PPO**





**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
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			
Jul-20	773	\$592,211	\$233,135	\$118,233	\$62,385	\$0	\$413,753	\$178,457	\$454.55	69.9%
Aug-20	767	\$586,013	\$262,294	\$94,087	\$61,906	\$0	\$418,288	\$167,725	\$464.64	71.4%
Sep-20	764	\$584,150	\$170,884	\$135,267	\$61,663	\$0	\$367,814	\$216,336	\$400.72	63.0%
Oct-20	756	\$578,539	\$247,798	\$79,332	\$61,022	\$0	\$388,152	\$190,387	\$432.71	67.1%
Nov-20	769	\$580,118	\$328,948	\$91,315	\$62,076	\$0	\$482,339	\$97,779	\$546.51	83.1%
Dec-20	774	\$598,176	\$231,387	\$126,500	\$62,481	\$0	\$420,367	\$177,809	\$462.39	70.3%
Jan-21	768	\$593,230	\$85,089	\$60,474	\$58,774	\$0	\$204,338	\$388,892	\$189.54	34.4%
Feb-21	763	\$587,334	\$179,768	\$55,262	\$58,392	\$0	\$293,421	\$293,913	\$308.03	50.0%
Mar-21	763	\$589,101	\$209,328	\$79,996	\$58,391	\$0	\$347,714	\$241,387	\$379.19	59.0%
Apr-21	761	\$588,545	\$202,327	\$51,380	\$58,238	\$0	\$311,945	\$276,600	\$333.39	53.0%
May-21	758	\$585,550	\$222,225	\$99,280	\$58,007	\$0	\$379,512	\$206,037	\$424.15	64.8%
Jun-21	765	\$592,535	\$297,028	\$71,756	\$58,542	\$0	\$427,326	\$165,209	\$482.07	72.1%
Jul-21	761	\$589,877	\$138,944	\$65,157	\$58,235	\$0	\$262,336	\$327,541	\$268.20	44.5%
Aug-21	750	\$581,006	\$213,337	\$98,534	\$57,394	\$0	\$369,265	\$211,741	\$415.83	63.6%
Sep-21	745	\$576,233	\$281,826	\$61,622	\$57,011	\$0	\$400,459	\$175,774	\$461.00	69.5%
Oct-21	754	\$580,309	\$419,788	\$130,799	\$57,700	\$0	\$608,287	-\$27,978	\$730.22	104.8%
Nov-21	760	\$583,754	\$223,954	\$82,102	\$58,160	\$0	\$364,216	\$219,538	\$402.71	62.4%
Dec-21	716	\$540,491	\$420,307	\$90,307	\$54,794	\$0	\$565,408	-\$24,917	\$713.15	104.6%
Jan-22	715	\$536,944	\$480,145	\$46,468	\$54,720	\$0	\$581,333	-\$44,389	\$736.52	108.3%
Feb-22	717	\$535,760	\$222,623	\$36,003	\$54,875	\$0	\$313,501	\$222,259	\$360.71	58.5%
Mar-22	713	\$531,715	\$206,140	\$50,156	\$54,569	\$0	\$310,865	\$220,849	\$359.46	58.5%
Apr-22	701	\$525,449	\$178,386	\$112,032	\$53,651	\$0	\$344,069	\$181,380	\$414.29	65.5%
May-22	716	\$535,148	\$318,056	\$71,020	\$54,797	\$0	\$443,873	\$91,275	\$543.40	82.9%
Jun-22	714	\$531,916	\$118,487	\$118,666	\$54,644	\$0	\$291,797	\$240,119	\$332.15	54.9%
<b>2019</b>	<b>791</b>	<b>\$7,216,380</b>	<b>\$2,532,379</b>	<b>\$1,115,170</b>	<b>\$765,780</b>	<b>\$0</b>	<b>\$4,413,329</b>	<b>\$2,803,051</b>	<b>\$384.52</b>	<b>61.2%</b>
<b>2020</b>	<b>769</b>	<b>\$7,068,027</b>	<b>\$3,401,044</b>	<b>\$1,041,835</b>	<b>\$744,652</b>	<b>\$0</b>	<b>\$5,187,531</b>	<b>\$1,880,496</b>	<b>\$481.56</b>	<b>73.4%</b>
<b>2021</b>	<b>755</b>	<b>\$6,987,963</b>	<b>\$2,893,921</b>	<b>\$946,668</b>	<b>\$693,637</b>	<b>\$0</b>	<b>\$4,534,226</b>	<b>\$2,453,737</b>	<b>\$423.72</b>	<b>64.9%</b>
<b>2022 YTD</b>	<b>713</b>	<b>\$3,196,932</b>	<b>\$1,523,838</b>	<b>\$434,345</b>	<b>\$327,257</b>	<b>\$0</b>	<b>\$2,285,439</b>	<b>\$911,493</b>	<b>\$457.95</b>	<b>71.5%</b>
<b>Current 12 Months</b>	<b>730</b>	<b>\$6,648,601</b>	<b>\$3,221,994</b>	<b>\$962,866</b>	<b>\$670,550</b>	<b>\$0</b>	<b>\$4,855,409</b>	<b>\$1,793,192</b>	<b>\$477.61</b>	<b>73.0%</b>

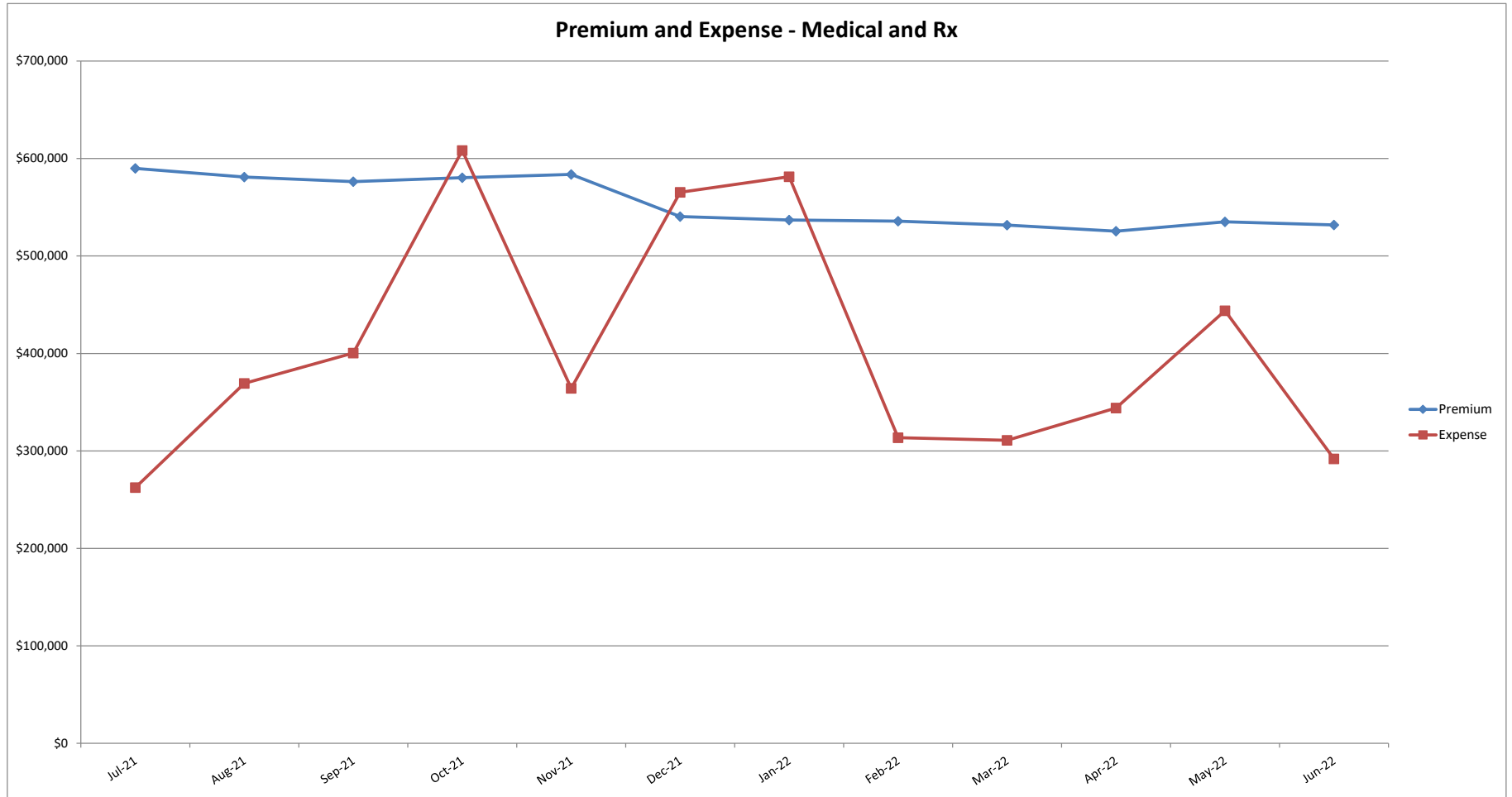
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**Notes:**

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

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
All Districts Combined - HDHP**







**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**County of Fresno - All Medical**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jul-20	3,927	\$4,345,200	\$3,009,522	\$1,075,523	\$363,463	-\$158,003	\$4,290,504	\$54,695	\$1,000.01	98.7%
Aug-20	3,908	\$4,326,792	\$3,425,233	\$1,021,221	\$361,732	\$0	\$4,808,186	-\$481,393	\$1,137.78	111.1%
Sep-20	3,904	\$4,331,783	\$3,268,592	\$1,047,897	\$361,363	-\$425,617	\$4,252,235	\$79,548	\$996.64	98.2%
Oct-20	3,897	\$4,323,016	\$2,912,075	\$1,055,408	\$360,840	-\$7,062	\$4,321,261	\$1,755	\$1,016.27	100.0%
Nov-20	3,892	\$4,324,343	\$3,154,140	\$950,876	\$360,170	-\$136,088	\$4,329,098	-\$4,755	\$1,019.77	100.1%
Dec-20	3,936	\$4,478,663	\$2,815,366	\$1,092,751	\$364,192	-\$55,952	\$4,216,357	\$262,306	\$978.70	94.1%
Jan-21	3,920	\$4,465,232	\$2,293,143	\$869,715	\$373,142	-\$14,142	\$3,521,858	\$943,374	\$803.24	78.9%
Feb-21	3,908	\$4,447,817	\$2,590,421	\$906,160	\$372,009	-\$48,745	\$3,819,846	\$627,971	\$882.25	85.9%
Mar-21	3,924	\$4,462,554	\$2,651,012	\$1,049,983	\$373,568	\$140,168	\$4,214,731	\$247,823	\$978.89	94.4%
Apr-21	3,911	\$4,441,632	\$3,290,878	\$1,140,629	\$372,406	\$0	\$4,803,913	-\$362,281	\$1,133.09	108.2%
May-21	3,887	\$4,415,607	\$3,777,819	\$1,025,040	\$370,020	-\$11,586	\$5,161,294	-\$745,687	\$1,232.64	116.9%
Jun-21	3,878	\$4,399,695	\$3,276,454	\$1,055,994	\$368,974	-\$71,571	\$4,629,850	-\$230,155	\$1,098.73	105.2%
Jul-21	3,866	\$4,385,135	\$3,066,332	\$1,028,681	\$367,888	-\$9,470	\$4,453,431	-\$68,295	\$1,056.79	101.6%
Aug-21	3,854	\$4,366,162	\$3,282,232	\$1,211,160	\$366,923	-\$22,046	\$4,838,268	-\$472,106	\$1,160.18	110.8%
Sep-21	3,849	\$4,356,215	\$2,877,090	\$1,095,114	\$366,588	-\$38,912	\$4,299,880	\$56,336	\$1,021.90	98.7%
Oct-21	3,849	\$4,354,084	\$3,703,729	\$1,185,040	\$366,445	-\$26,337	\$5,228,877	-\$874,793	\$1,263.30	120.1%
Nov-21	3,861	\$4,347,856	\$2,441,215	\$1,324,454	\$367,554	-\$46,784	\$4,086,439	\$261,416	\$963.19	94.0%
Dec-21	3,911	\$4,500,466	\$3,544,531	\$1,050,875	\$374,174	-\$40,307	\$4,929,273	-\$428,808	\$1,164.69	109.5%
Jan-22	3,898	\$4,479,015	\$2,780,562	\$1,106,544	\$373,013	-\$17,651	\$4,242,468	\$236,547	\$992.68	94.7%
Feb-22	3,895	\$4,471,686	\$3,652,956	\$1,007,677	\$372,664	-\$172,594	\$4,860,702	-\$389,016	\$1,152.26	108.7%
Mar-22	3,889	\$4,453,442	\$2,500,688	\$1,048,284	\$372,109	\$0	\$3,921,081	\$532,361	\$912.57	88.0%
Apr-22	3,841	\$4,401,669	\$3,994,614	\$1,109,253	\$367,601	-\$714,143	\$4,757,325	-\$355,656	\$1,142.86	108.1%
May-22	3,863	\$4,414,905	\$2,934,848	\$1,075,963	\$369,404	\$0	\$4,380,214	\$34,691	\$1,038.26	99.2%
Jun-22	3,861	\$4,409,814	\$2,524,734	\$1,169,408	\$369,274	\$3,842	\$4,067,258	\$342,556	\$957.78	92.2%
2019	3,933	\$51,210,455	\$36,088,764	\$11,135,254	\$4,364,951	-\$39,265	\$51,549,705	-\$339,249	\$999.83	100.7%
2020	3,911	\$52,314,281	\$34,231,702	\$12,340,110	\$4,359,591	-\$905,527	\$50,025,876	\$2,288,405	\$969.72	95.6%
2021	3,885	\$52,942,454	\$36,794,855	\$12,942,844	\$4,439,690	-\$189,731	\$53,987,658	-\$1,045,204	\$1,062.85	102.0%
2022 YTD	3,875	\$26,630,531	\$18,388,401	\$6,517,129	\$2,224,065	-\$900,546	\$26,229,049	\$401,482	\$1,032.61	98.5%
Current 12 Months	3,870	\$52,940,449	\$37,303,529	\$13,412,452	\$4,433,637	-\$1,084,402	\$54,065,216	-\$1,124,767	\$1,068.79	102.1%

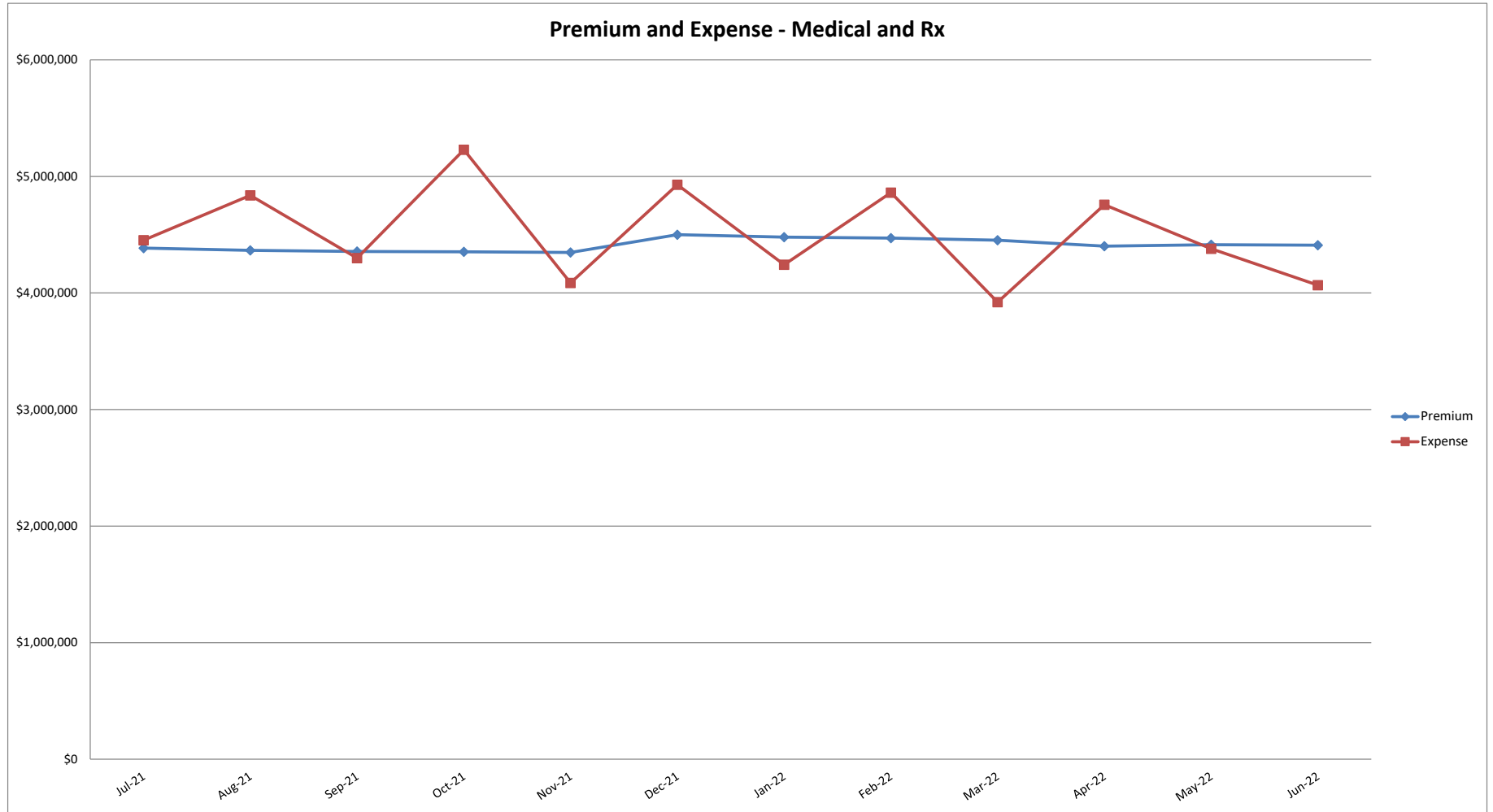
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**Notes:**

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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 2022  
County of Fresno - All Medical**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**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			
Jul-20	3,074	\$3,630,586	\$2,741,750	\$935,714	\$294,336	-\$158,003	\$3,813,797	-\$183,211	\$1,144.91	105.0%
Aug-20	3,061	\$3,619,689	\$3,087,343	\$895,240	\$293,091	\$0	\$4,275,674	-\$655,985	\$1,301.07	118.1%
Sep-20	3,058	\$3,619,677	\$3,014,014	\$911,800	\$292,804	-\$425,617	\$3,793,000	-\$173,323	\$1,144.60	104.8%
Oct-20	3,061	\$3,617,647	\$2,593,976	\$940,465	\$293,091	-\$7,062	\$3,820,469	-\$202,822	\$1,152.36	105.6%
Nov-20	3,043	\$3,617,395	\$2,769,050	\$845,938	\$291,367	-\$136,088	\$3,770,267	-\$152,871	\$1,143.25	104.2%
Dec-20	3,074	\$3,743,398	\$2,535,971	\$936,403	\$294,336	-\$55,952	\$3,710,757	\$32,641	\$1,111.39	99.1%
Jan-21	3,067	\$3,737,985	\$2,203,064	\$791,611	\$307,896	-\$14,142	\$3,288,428	\$449,557	\$971.81	88.0%
Feb-21	3,058	\$3,722,132	\$2,375,395	\$820,685	\$306,993	-\$48,745	\$3,454,329	\$267,804	\$1,029.21	92.8%
Mar-21	3,072	\$3,733,137	\$2,399,018	\$956,694	\$308,398	\$140,168	\$3,804,278	-\$71,141	\$1,137.98	101.9%
Apr-21	3,065	\$3,717,390	\$3,044,265	\$1,060,084	\$307,695	\$0	\$4,412,044	-\$694,654	\$1,339.10	118.7%
May-21	3,042	\$3,691,769	\$3,502,522	\$919,189	\$305,386	-\$11,586	\$4,715,512	-\$1,023,744	\$1,449.75	127.7%
Jun-21	3,027	\$3,671,906	\$2,929,075	\$944,767	\$303,881	-\$71,571	\$4,106,151	-\$434,245	\$1,256.12	111.8%
Jul-21	3,020	\$3,662,187	\$2,825,914	\$945,999	\$303,178	-\$9,470	\$4,065,620	-\$403,433	\$1,245.84	111.0%
Aug-21	3,018	\$3,652,449	\$3,077,988	\$1,082,497	\$302,977	-\$22,046	\$4,441,416	-\$788,967	\$1,371.25	121.6%
Sep-21	3,020	\$3,649,373	\$2,559,309	\$1,004,805	\$303,178	-\$38,912	\$3,828,380	-\$179,007	\$1,167.29	104.9%
Oct-21	3,014	\$3,645,539	\$3,245,752	\$1,037,188	\$302,575	-\$26,337	\$4,559,179	-\$913,639	\$1,412.28	125.1%
Nov-21	3,022	\$3,637,651	\$2,185,951	\$1,204,195	\$303,379	-\$46,784	\$3,646,741	-\$9,090	\$1,106.34	100.2%
Dec-21	3,139	\$3,854,725	\$3,057,366	\$946,150	\$315,124	-\$40,307	\$4,278,333	-\$423,608	\$1,262.57	111.0%
Jan-22	3,132	\$3,843,069	\$2,244,009	\$1,034,255	\$314,421	-\$17,651	\$3,575,034	\$268,035	\$1,041.06	93.0%
Feb-22	3,127	\$3,837,525	\$2,999,183	\$951,654	\$313,920	-\$172,594	\$4,092,163	-\$254,638	\$1,208.26	106.6%
Mar-22	3,123	\$3,821,163	\$2,205,661	\$967,899	\$313,518	\$0	\$3,487,078	\$334,084	\$1,016.19	91.3%
Apr-22	3,088	\$3,779,197	\$3,765,649	\$978,614	\$310,004	-\$714,143	\$4,340,124	-\$560,927	\$1,305.09	114.8%
May-22	3,093	\$3,781,688	\$2,594,361	\$1,007,873	\$310,506	\$0	\$3,912,740	-\$131,052	\$1,164.64	103.5%
Jun-22	3,094	\$3,779,828	\$2,382,427	\$1,030,610	\$310,607	\$3,842	\$3,727,486	\$52,342	\$1,104.36	98.6%
2019	3,062	\$42,445,762	\$33,226,729	\$9,750,935	\$3,517,759	-\$39,265	\$46,456,159	-\$4,010,396	\$1,168.74	109.4%
2020	3,078	\$43,778,298	\$30,389,324	\$11,042,260	\$3,536,143	-\$905,527	\$44,062,200	-\$283,903	\$1,097.35	100.6%
2021	3,047	\$44,376,243	\$33,405,619	\$11,713,863	\$3,670,660	-\$189,731	\$48,600,411	-\$4,224,167	\$1,228.80	109.5%
2022 YTD	3,110	\$22,842,469	\$16,191,290	\$5,970,905	\$1,872,976	-\$900,546	\$23,134,625	-\$292,156	\$1,139.61	101.3%
Current 12 Months	3,074	\$44,944,394	\$33,143,570	\$12,191,738	\$3,703,387	-\$1,084,402	\$47,954,294	-\$3,009,900	\$1,199.54	106.7%

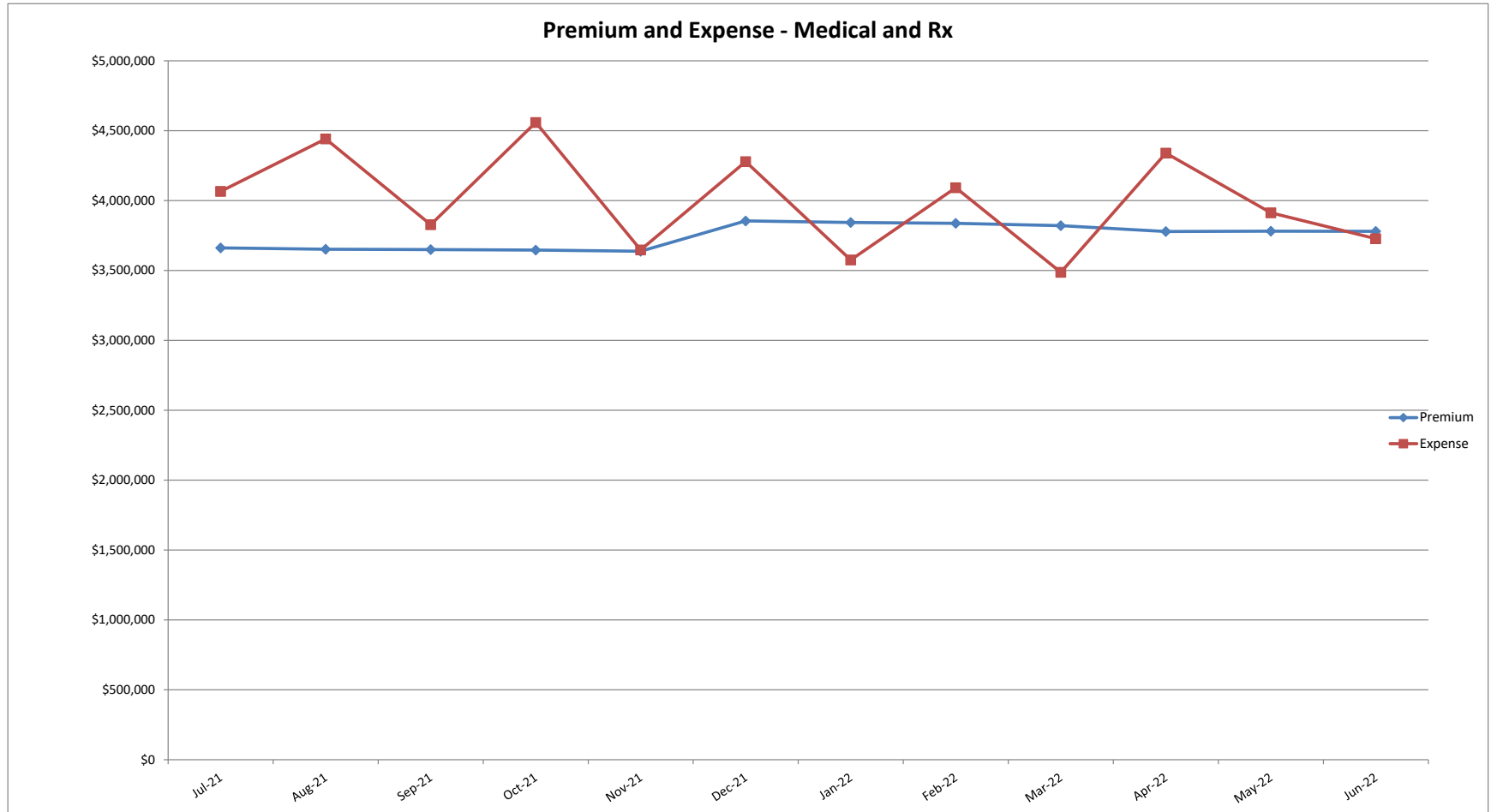
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**San Joaquin Valley Insurance Authority (SJVIA)  
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County of Fresno - EPO**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**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			
Jul-20	116	\$149,875	\$55,488	\$37,071	\$9,401	\$0	\$101,960	\$47,915	\$797.93	68.0%
Aug-20	115	\$147,953	\$83,102	\$35,624	\$9,320	\$0	\$128,046	\$19,908	\$1,032.40	86.5%
Sep-20	117	\$154,818	\$90,934	\$16,187	\$9,482	\$0	\$116,603	\$38,215	\$915.56	75.3%
Oct-20	114	\$153,082	\$79,009	\$36,150	\$9,239	\$0	\$124,397	\$28,685	\$1,010.16	81.3%
Nov-20	114	\$153,082	\$60,431	\$25,725	\$9,239	\$0	\$95,394	\$57,688	\$755.75	62.3%
Dec-20	122	\$163,341	\$61,762	\$30,209	\$9,887	\$0	\$101,857	\$61,484	\$753.86	62.4%
Jan-21	120	\$159,998	\$11,046	\$26,955	\$9,179	\$0	\$47,179	\$112,818	\$316.67	29.5%
Feb-21	122	\$164,331	\$38,591	\$30,417	\$9,332	\$0	\$78,340	\$85,991	\$565.64	47.7%
Mar-21	123	\$165,713	\$65,374	\$25,689	\$9,408	\$0	\$100,471	\$65,242	\$740.35	60.6%
Apr-21	119	\$161,093	\$52,817	\$30,611	\$9,102	\$0	\$92,531	\$68,562	\$701.08	57.4%
May-21	120	\$162,516	\$55,450	\$20,459	\$9,179	\$0	\$85,088	\$77,428	\$632.57	52.4%
Jun-21	118	\$158,897	\$53,313	\$39,780	\$9,026	\$0	\$102,118	\$56,779	\$788.92	64.3%
Jul-21	116	\$155,641	\$119,445	\$30,593	\$8,873	\$0	\$158,911	-\$3,270	\$1,293.43	102.1%
Aug-21	117	\$155,277	\$27,765	\$30,302	\$8,949	\$0	\$67,017	\$88,260	\$496.31	43.2%
Sep-21	114	\$152,594	\$56,689	\$29,220	\$8,720	\$0	\$94,629	\$57,966	\$753.59	62.0%
Oct-21	112	\$150,806	\$48,498	\$29,709	\$8,567	\$0	\$86,774	\$64,032	\$698.27	57.5%
Nov-21	111	\$149,605	\$52,321	\$39,427	\$8,490	\$0	\$100,238	\$49,368	\$826.55	67.0%
Dec-21	88	\$128,404	\$69,540	\$28,641	\$6,731	\$0	\$104,912	\$23,492	\$1,115.70	81.7%
Jan-22	86	\$123,053	\$63,564	\$25,475	\$6,578	\$0	\$95,617	\$27,436	\$1,035.33	77.7%
Feb-22	88	\$124,188	\$433,483	\$20,126	\$6,731	\$0	\$460,340	-\$336,152	\$5,154.65	370.7%
Mar-22	90	\$126,352	\$92,397	\$30,319	\$6,884	\$0	\$129,600	-\$3,248	\$1,363.51	102.6%
Apr-22	89	\$122,811	\$53,663	\$18,645	\$6,808	\$0	\$79,115	\$43,695	\$812.44	64.4%
May-22	90	\$122,699	\$61,273	\$20,698	\$6,884	\$0	\$88,855	\$33,845	\$910.78	72.4%
Jun-22	89	\$122,699	\$38,626	\$20,113	\$6,808	\$0	\$65,546	\$57,153	\$659.98	53.4%
<b>2019</b>	<b>115</b>	<b>\$1,846,048</b>	<b>\$620,255</b>	<b>\$353,355</b>	<b>\$111,916</b>	<b>\$0</b>	<b>\$1,085,526</b>	<b>\$760,522</b>	<b>\$705.00</b>	<b>58.8%</b>
<b>2020</b>	<b>113</b>	<b>\$1,789,697</b>	<b>\$1,000,007</b>	<b>\$350,776</b>	<b>\$109,890</b>	<b>\$0</b>	<b>\$1,460,673</b>	<b>\$329,023</b>	<b>\$996.15</b>	<b>81.6%</b>
<b>2021</b>	<b>115</b>	<b>\$1,864,875</b>	<b>\$650,849</b>	<b>\$361,802</b>	<b>\$105,556</b>	<b>\$0</b>	<b>\$1,118,207</b>	<b>\$746,668</b>	<b>\$733.80</b>	<b>60.0%</b>
<b>2022 YTD</b>	<b>89</b>	<b>\$741,802</b>	<b>\$743,005</b>	<b>\$135,375</b>	<b>\$40,693</b>	<b>\$0</b>	<b>\$919,073</b>	<b>-\$177,271</b>	<b>\$1,651.09</b>	<b>123.9%</b>
<b>Current 12 Months</b>	<b>99</b>	<b>\$1,634,130</b>	<b>\$1,117,264</b>	<b>\$323,267</b>	<b>\$91,023</b>	<b>\$0</b>	<b>\$1,531,554</b>	<b>\$102,577</b>	<b>\$1,210.53</b>	<b>93.7%</b>

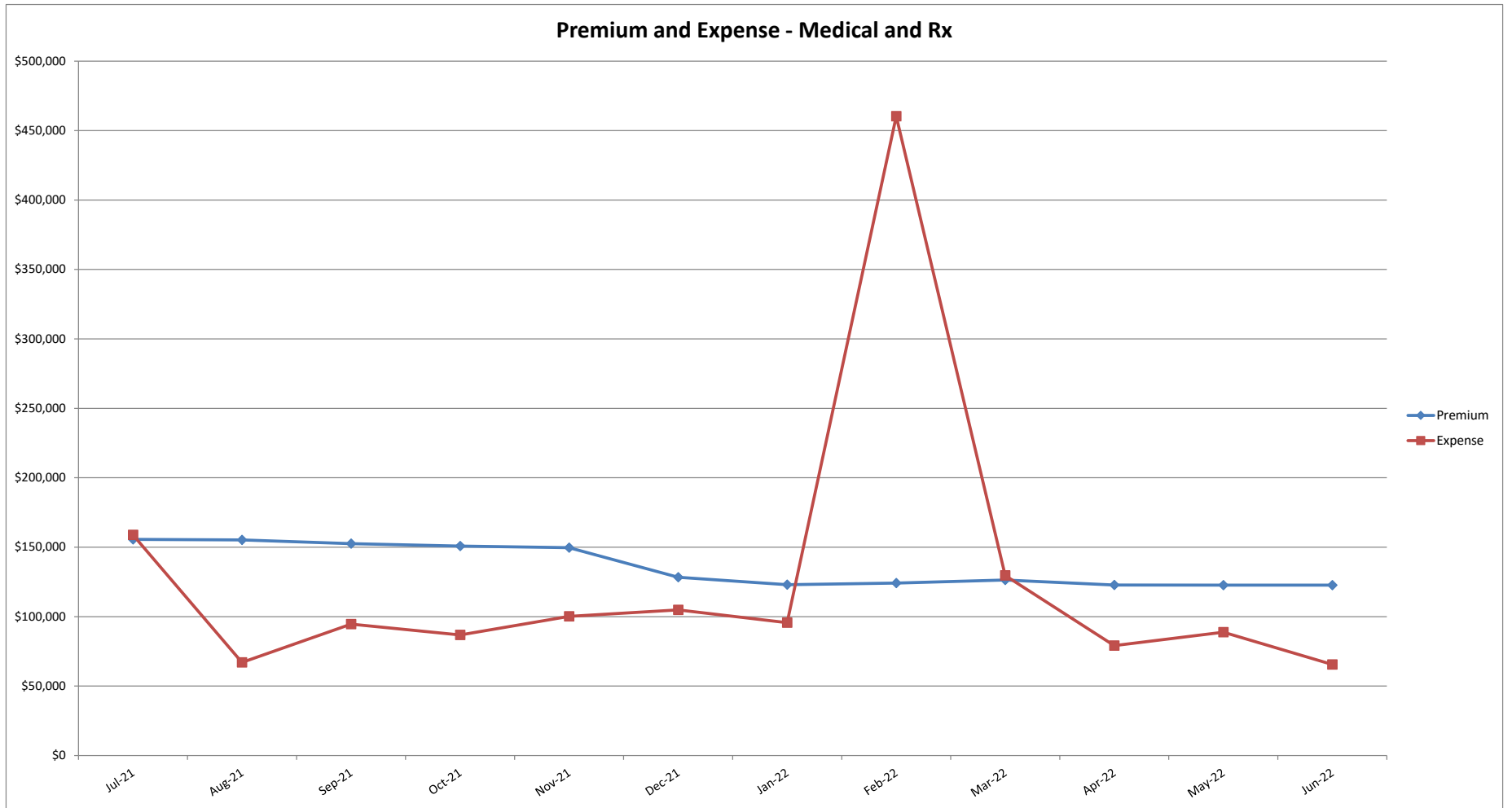
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County of Fresno - PPO**





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			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jul-20	737	\$564,738	\$212,284	\$102,737	\$59,726	\$0	\$374,748	\$189,991	\$427.44	66.4%
Aug-20	732	\$559,150	\$254,788	\$90,357	\$59,321	\$0	\$404,466	\$154,684	\$471.51	72.3%
Sep-20	729	\$557,288	\$163,644	\$119,910	\$59,078	\$0	\$342,632	\$214,656	\$388.96	61.5%
Oct-20	722	\$552,287	\$239,090	\$78,793	\$58,511	\$0	\$376,394	\$175,892	\$440.28	68.2%
Nov-20	735	\$553,866	\$324,660	\$79,213	\$59,564	\$0	\$463,437	\$90,428	\$549.49	83.7%
Dec-20	740	\$571,924	\$217,634	\$126,139	\$59,970	\$0	\$403,743	\$168,181	\$464.56	70.6%
Jan-21	733	\$567,249	\$79,033	\$51,150	\$56,067	\$0	\$186,250	\$380,999	\$177.60	32.8%
Feb-21	728	\$561,353	\$176,435	\$55,057	\$55,685	\$0	\$287,177	\$274,176	\$317.98	51.2%
Mar-21	729	\$563,705	\$186,620	\$67,601	\$55,761	\$0	\$309,982	\$253,723	\$348.73	55.0%
Apr-21	727	\$563,149	\$193,796	\$49,934	\$55,608	\$0	\$299,338	\$263,811	\$335.25	53.2%
May-21	725	\$561,323	\$219,847	\$85,392	\$55,455	\$0	\$360,694	\$200,629	\$421.02	64.3%
Jun-21	733	\$568,892	\$294,067	\$71,447	\$56,067	\$0	\$421,580	\$147,312	\$498.65	74.1%
Jul-21	730	\$567,307	\$120,972	\$52,089	\$55,838	\$0	\$228,899	\$338,407	\$237.07	40.3%
Aug-21	719	\$558,436	\$176,478	\$98,361	\$54,996	\$0	\$329,835	\$228,601	\$382.25	59.1%
Sep-21	715	\$554,248	\$261,091	\$61,089	\$54,690	\$0	\$376,871	\$177,377	\$450.60	68.0%
Oct-21	723	\$557,739	\$409,479	\$118,143	\$55,302	\$0	\$582,924	-\$25,186	\$729.77	104.5%
Nov-21	728	\$560,599	\$202,943	\$80,833	\$55,685	\$0	\$339,461	\$221,138	\$389.80	60.6%
Dec-21	684	\$517,336	\$417,625	\$76,084	\$52,319	\$0	\$546,028	-\$28,692	\$721.80	105.5%
Jan-22	680	\$512,893	\$472,990	\$46,814	\$52,013	\$0	\$571,817	-\$58,924	\$764.42	111.5%
Feb-22	680	\$509,973	\$220,289	\$35,896	\$52,013	\$0	\$308,199	\$201,775	\$376.74	60.4%
Mar-22	676	\$505,928	\$202,630	\$50,066	\$51,707	\$0	\$304,403	\$201,525	\$373.81	60.2%
Apr-22	664	\$499,662	\$175,302	\$111,994	\$50,789	\$0	\$338,086	\$161,576	\$432.68	67.7%
May-22	680	\$510,518	\$279,214	\$47,392	\$52,013	\$0	\$378,620	\$131,898	\$480.30	74.2%
Jun-22	678	\$507,287	\$103,681	\$118,685	\$51,860	\$0	\$274,226	\$233,060	\$327.97	54.1%
2019	756	\$6,918,645	\$2,241,780	\$1,030,964	\$735,276	\$0	\$4,008,020	\$2,910,625	\$360.71	57.9%
2020	734	\$6,746,287	\$2,842,371	\$947,074	\$713,557	\$0	\$4,503,003	\$2,243,284	\$430.37	66.7%
2021	723	\$6,701,335	\$2,738,386	\$867,179	\$663,474	\$0	\$4,269,040	\$2,432,295	\$415.68	63.7%
2022 YTD	676	\$3,046,261	\$1,454,106	\$410,849	\$310,396	\$0	\$2,175,351	\$870,910	\$459.57	71.4%
Current 12 Months	696	\$6,361,925	\$3,042,695	\$897,447	\$639,227	\$0	\$4,579,369	\$1,782,556	\$471.48	72.0%

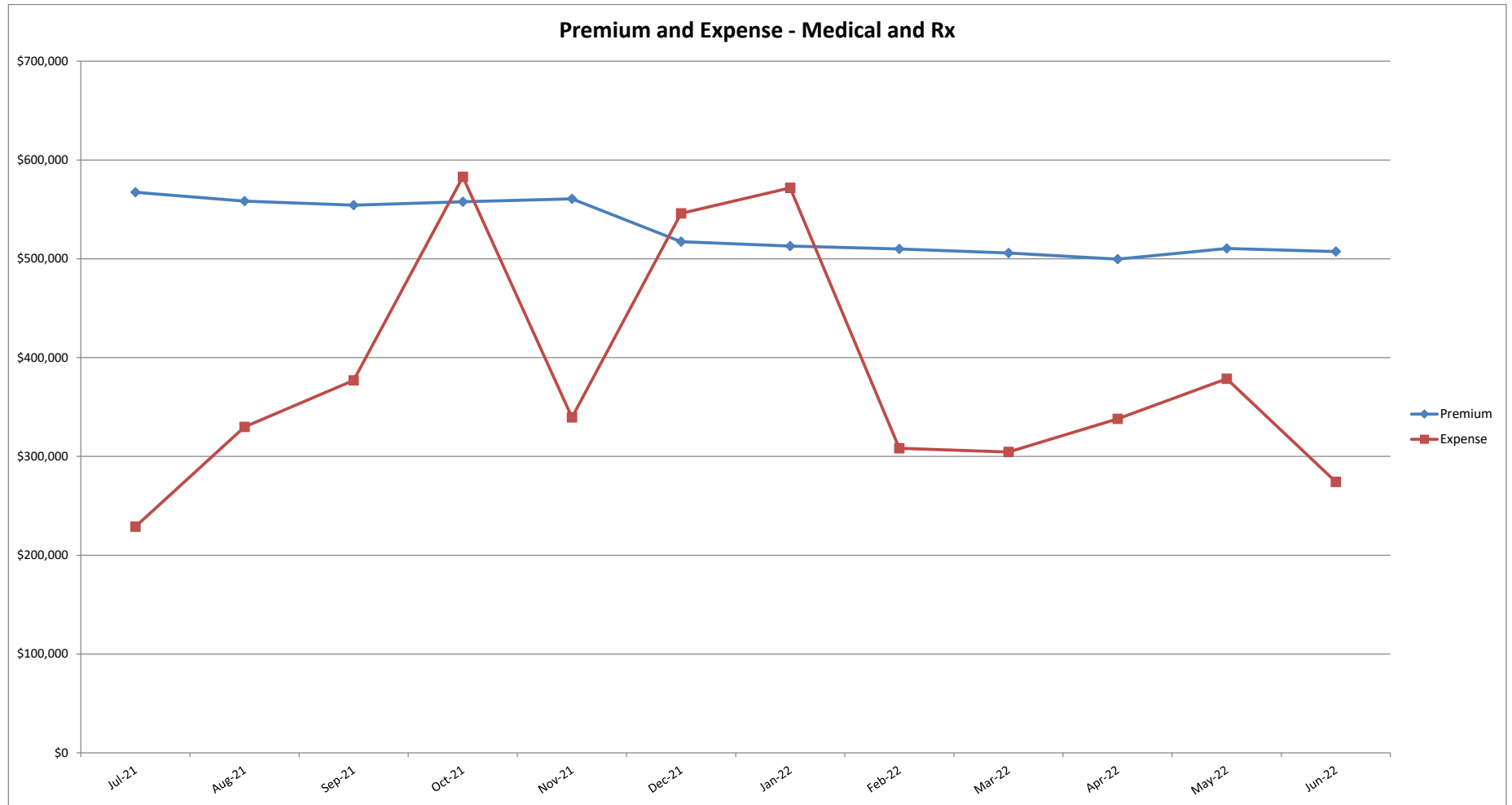
**Data Sources:**

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

**Notes:**

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

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
County of Fresno - HDHP**







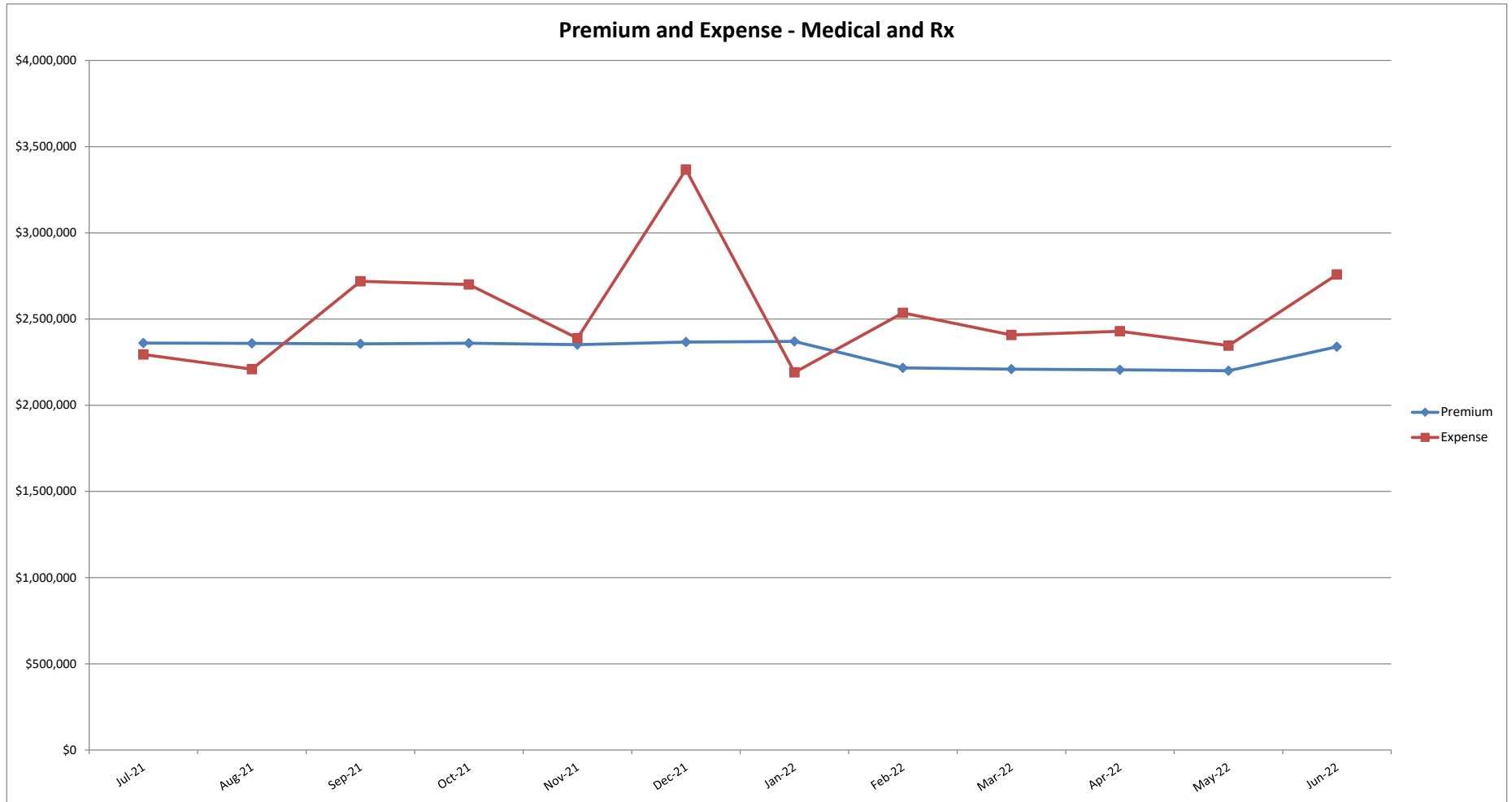
**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**County of Tulare - All Medical**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jul-20	3,041	\$2,474,410	\$1,465,767	\$609,757	\$224,608	\$0	\$2,300,132	\$174,278	\$682.51	93.0%
Aug-20	3,030	\$2,465,747	\$1,583,129	\$663,204	\$223,796	\$0	\$2,470,129	-\$4,382	\$741.36	100.2%
Sep-20	3,029	\$2,470,099	\$1,305,885	\$691,453	\$223,722	\$0	\$2,221,060	\$249,040	\$659.40	89.9%
Oct-20	3,026	\$2,467,478	\$1,474,912	\$624,269	\$223,500	\$0	\$2,322,682	\$144,796	\$693.71	94.1%
Nov-20	3,014	\$2,456,433	\$1,414,232	\$645,700	\$222,614	\$0	\$2,282,546	\$173,887	\$683.45	92.9%
Dec-20	3,013	\$2,458,866	\$1,331,128	\$697,672	\$222,540	\$0	\$2,251,340	\$207,525	\$673	91.6%
Jan-21	3,019	\$2,370,580	\$1,152,049	\$575,386	\$233,489	\$0	\$1,960,924	\$409,656	\$572	82.7%
Feb-21	3,006	\$2,358,023	\$896,055	\$559,428	\$232,484	\$0	\$1,687,967	\$670,056	\$484.19	71.6%
Mar-21	2,996	\$2,354,909	\$1,413,310	\$678,437	\$231,711	\$0	\$2,323,458	\$31,451	\$698.18	98.7%
Apr-21	2,998	\$2,356,361	\$1,500,478	\$747,490	\$231,865	\$0	\$2,479,833	-\$123,472	\$749.82	105.2%
May-21	2,999	\$2,356,743	\$1,092,495	\$617,755	\$231,943	\$0	\$1,942,194	\$414,549	\$570.27	82.4%
Jun-21	3,001	\$2,352,971	\$1,643,842	\$708,050	\$232,097	\$0	\$2,583,989	-\$231,018	\$783.70	109.8%
Jul-21	3,005	\$2,361,136	\$1,325,798	\$736,009	\$232,407	\$0	\$2,294,213	\$66,923	\$686.13	97.2%
Aug-21	3,001	\$2,359,169	\$1,231,550	\$746,030	\$232,097	\$0	\$2,209,678	\$149,491	\$658.97	93.7%
Sep-21	2,993	\$2,356,566	\$1,794,851	\$692,731	\$231,479	\$0	\$2,719,061	-\$362,496	\$831.13	115.4%
Oct-21	2,991	\$2,360,299	\$1,639,536	\$829,276	\$231,324	\$0	\$2,700,136	-\$339,837	\$825.41	114.4%
Nov-21	2,974	\$2,351,618	\$1,505,141	\$755,830	\$230,009	-\$101,650	\$2,389,331	-\$37,712	\$726.07	101.6%
Dec-21	2,997	\$2,366,531	\$2,342,316	\$830,364	\$231,788	-\$37,267	\$3,367,201	-\$1,000,670	\$1,046	142.3%
Jan-22	3,010	\$2,370,277	\$1,191,910	\$765,475	\$232,793	\$0	\$2,190,178	\$180,099	\$650	92.4%
Feb-22	2,872	\$2,216,931	\$1,516,791	\$796,759	\$222,120	\$0	\$2,535,671	-\$318,739	\$805.55	114.4%
Mar-22	2,864	\$2,209,550	\$1,353,968	\$832,127	\$221,502	\$0	\$2,407,597	-\$198,046	\$763.30	109.0%
Apr-22	2,864	\$2,205,491	\$1,397,155	\$810,341	\$221,502	\$0	\$2,428,998	-\$223,507	\$770.77	110.1%
May-22	2,849	\$2,200,119	\$1,251,391	\$874,517	\$220,342	\$0	\$2,346,250	-\$146,130	\$746.19	106.6%
Jun-22	2,983	\$2,339,229	\$1,652,714	\$874,804	\$230,705	\$0	\$2,758,223	-\$418,994	\$847.31	117.9%
2019	3,015	\$28,092,399	\$15,705,269	\$7,773,168	\$2,671,812	\$0	\$26,150,249	\$1,942,150	\$649.04	93.1%
2020	3,028	\$29,548,070	\$15,590,368	\$7,887,033	\$2,683,408	\$0	\$26,160,808	\$3,387,262	\$646.21	88.5%
2021	2,998	\$28,304,906	\$17,537,421	\$8,476,786	\$2,782,693	-\$138,916	\$28,657,985	-\$353,079	\$719.16	101.2%
2022 YTD	2,907	\$13,541,598	\$8,363,930	\$4,954,022	\$1,348,964	\$0	\$14,666,916	-\$1,125,319	\$763.56	108.3%
Current 12 Months	2,950	\$27,696,917	\$18,203,122	\$9,544,262	\$2,738,068	-\$138,916	\$30,346,536	-\$2,649,619	\$779.83	109.6%

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

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

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
County of Tulare - All Medical**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Anthem Blue Cross Premium and Claims Report as of June 2022**  
**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			
Jul-20	3,005	\$2,446,938	\$1,444,915	\$594,262	\$221,949	\$0	\$2,261,126	\$185,812	\$678.59	92.4%
Aug-20	2,995	\$2,438,885	\$1,575,623	\$659,474	\$221,211	\$0	\$2,456,308	-\$17,423	\$746.28	100.7%
Sep-20	2,994	\$2,443,237	\$1,298,645	\$676,096	\$221,137	\$0	\$2,195,878	\$247,359	\$659.57	89.9%
Oct-20	2,992	\$2,441,225	\$1,466,205	\$623,730	\$220,989	\$0	\$2,310,924	\$130,301	\$698.51	94.7%
Nov-20	2,980	\$2,430,181	\$1,409,944	\$633,597	\$220,103	\$0	\$2,263,644	\$166,537	\$685.75	93.1%
Dec-20	2,979	\$2,432,613	\$1,317,375	\$697,311	\$220,029	\$0	\$2,234,716	\$197,897	\$676.30	91.9%
Jan-21	2,984	\$2,344,599	\$1,145,993	\$566,062	\$230,783	\$0	\$1,942,837	\$401,762	\$573.74	82.9%
Feb-21	2,971	\$2,332,042	\$892,721	\$559,224	\$229,777	\$0	\$1,681,723	\$650,319	\$488.71	72.1%
Mar-21	2,962	\$2,329,513	\$1,390,603	\$666,042	\$229,081	\$0	\$2,285,726	\$43,787	\$694.34	98.1%
Apr-21	2,964	\$2,330,965	\$1,491,947	\$746,044	\$229,236	\$0	\$2,467,226	-\$136,262	\$755.06	105.8%
May-21	2,966	\$2,332,516	\$1,090,117	\$603,867	\$229,390	\$0	\$1,923,375	\$409,141	\$571.13	82.5%
Jun-21	2,969	\$2,329,329	\$1,640,880	\$707,741	\$229,622	\$0	\$2,578,244	-\$248,915	\$791.05	110.7%
Jul-21	2,974	\$2,338,566	\$1,307,826	\$722,941	\$230,009	\$0	\$2,260,777	\$77,789	\$682.84	96.7%
Aug-21	2,970	\$2,336,599	\$1,194,691	\$745,857	\$229,700	\$0	\$2,170,248	\$166,351	\$653.38	92.9%
Sep-21	2,963	\$2,334,580	\$1,774,117	\$692,198	\$229,158	\$0	\$2,695,473	-\$360,893	\$832.37	115.5%
Oct-21	2,960	\$2,337,729	\$1,629,228	\$816,620	\$228,926	\$0	\$2,674,774	-\$337,044	\$826.30	114.4%
Nov-21	2,942	\$2,328,464	\$1,484,130	\$754,561	\$227,534	-\$101,650	\$2,364,576	-\$36,112	\$726.39	101.6%
Dec-21	2,965	\$2,343,376	\$2,339,634	\$816,140	\$229,313	-\$37,267	\$3,347,821	-\$1,004,444	\$1,051.77	142.9%
Jan-22	2,975	\$2,346,226	\$1,184,755	\$765,821	\$230,087	\$0	\$2,180,662	\$165,564	\$655.66	92.9%
Feb-22	2,835	\$2,191,145	\$1,514,457	\$796,652	\$219,259	\$0	\$2,530,368	-\$339,223	\$815.21	115.5%
Mar-22	2,827	\$2,183,764	\$1,350,458	\$832,037	\$218,640	\$0	\$2,401,135	-\$217,371	\$772.02	110.0%
Apr-22	2,827	\$2,179,704	\$1,394,071	\$810,303	\$218,640	\$0	\$2,423,015	-\$243,311	\$779.76	111.2%
May-22	2,813	\$2,175,489	\$1,212,549	\$850,890	\$217,557	\$0	\$2,280,996	-\$105,507	\$733.54	104.8%
Jun-22	2,947	\$2,314,599	\$1,637,908	\$874,823	\$227,921	\$0	\$2,740,653	-\$426,053	\$852.64	118.4%
<b>2019</b>	<b>2,980</b>	<b>\$27,794,664</b>	<b>\$15,414,671</b>	<b>\$7,688,962</b>	<b>\$2,641,307</b>	<b>\$0</b>	<b>\$25,744,940</b>	<b>\$2,049,724</b>	<b>\$646.06</b>	<b>92.6%</b>
<b>2020</b>	<b>2,993</b>	<b>\$29,226,330</b>	<b>\$15,031,695</b>	<b>\$7,792,272</b>	<b>\$2,652,313</b>	<b>\$0</b>	<b>\$25,476,280</b>	<b>\$3,750,050</b>	<b>\$635.59</b>	<b>87.2%</b>
<b>2021</b>	<b>2,966</b>	<b>\$28,018,278</b>	<b>\$17,381,887</b>	<b>\$8,397,297</b>	<b>\$2,752,531</b>	<b>-\$138,916</b>	<b>\$28,392,798</b>	<b>-\$374,521</b>	<b>\$720.43</b>	<b>101.3%</b>
<b>2022 YTD</b>	<b>2,871</b>	<b>\$13,390,927</b>	<b>\$8,294,198</b>	<b>\$4,930,526</b>	<b>\$1,332,104</b>	<b>\$0</b>	<b>\$14,556,828</b>	<b>-\$1,165,902</b>	<b>\$767.81</b>	<b>108.7%</b>
<b>Current 12 Months</b>	<b>2,917</b>	<b>\$27,410,241</b>	<b>\$18,023,823</b>	<b>\$9,478,844</b>	<b>\$2,706,745</b>	<b>-\$138,916</b>	<b>\$30,070,496</b>	<b>-\$2,660,255</b>	<b>\$781.87</b>	<b>109.7%</b>

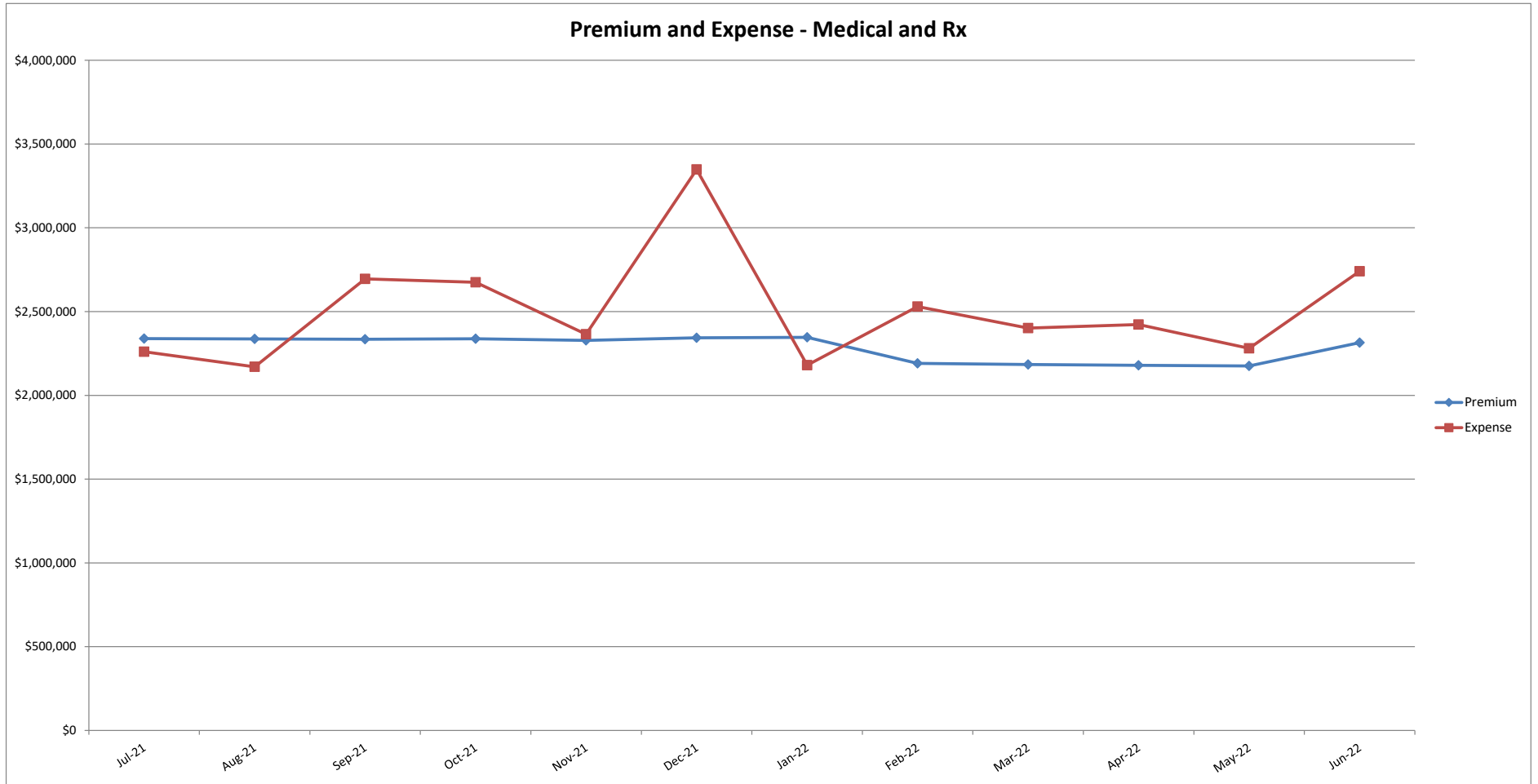
**Data Sources:**

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**Notes:**

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

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
County of Tulare - PPO**





**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
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			
Jul-20	36	\$27,472	\$20,852	\$15,495	\$2,659	\$0	\$39,006	-\$11,533	\$1,009.63	142.0%
Aug-20	35	\$26,862	\$7,506	\$3,730	\$2,585	\$0	\$13,821	\$13,041	\$321.04	51.5%
Sep-20	35	\$26,862	\$7,240	\$15,357	\$2,585	\$0	\$25,182	\$1,680	\$645.63	93.7%
Oct-20	34	\$26,252	\$8,708	\$539	\$2,511	\$0	\$11,758	\$14,495	\$271.96	44.8%
Nov-20	34	\$26,252	\$4,288	\$12,102	\$2,511	\$0	\$18,902	\$7,351	\$482.07	72.0%
Dec-20	34	\$26,252	\$13,753	\$360	\$2,511	\$0	\$16,624	\$9,628	\$415.10	63.3%
Jan-21	35	\$25,981	\$6,056	\$9,324	\$2,707	\$0	\$18,087	\$7,893	\$439.44	69.6%
Feb-21	35	\$25,981	\$3,333	\$204	\$2,707	\$0	\$6,244	\$19,736	\$101.07	24.0%
Mar-21	34	\$25,396	\$22,708	\$12,395	\$2,630	\$0	\$37,732	-\$12,336	\$1,032.42	148.6%
Apr-21	34	\$25,396	\$8,531	\$1,446	\$2,630	\$0	\$12,606	\$12,789	\$293.44	49.6%
May-21	33	\$24,227	\$2,378	\$13,888	\$2,552	\$0	\$18,819	\$5,409	\$492.92	77.7%
Jun-21	32	\$23,642	\$2,962	\$309	\$2,475	\$0	\$5,746	\$17,897	\$102.21	24.3%
Jul-21	31	\$22,570	\$17,971	\$13,067	\$2,398	\$0	\$33,436	-\$10,866	\$1,001.26	148.1%
Aug-21	31	\$22,570	\$36,859	\$173	\$2,398	\$0	\$39,430	-\$16,860	\$1,194.58	174.7%
Sep-21	30	\$21,985	\$20,735	\$533	\$2,320	\$0	\$23,588	-\$1,603	\$708.93	107.3%
Oct-21	31	\$22,570	\$10,309	\$12,656	\$2,398	\$0	\$25,362	-\$2,792	\$740.80	112.4%
Nov-21	32	\$23,155	\$21,011	\$1,269	\$2,475	\$0	\$24,755	-\$1,600	\$696.26	106.9%
Dec-21	32	\$23,155	\$2,682	\$14,224	\$2,475	\$0	\$19,380	\$3,774	\$528.30	83.7%
Jan-22	35	\$24,051	\$7,156	-\$346	\$2,707	\$0	\$9,516	\$14,535	\$194.55	39.6%
Feb-22	37	\$25,787	\$2,334	\$107	\$2,862	\$0	\$5,303	\$20,484	\$65.98	20.6%
Mar-22	37	\$25,787	\$3,510	\$90	\$2,862	\$0	\$6,462	\$19,325	\$97.31	25.1%
Apr-22	37	\$25,787	\$3,084	\$38	\$2,862	\$0	\$5,983	\$19,804	\$84.36	23.2%
May-22	36	\$24,630	\$38,842	\$23,627	\$2,784	\$0	\$65,253	-\$40,624	\$1,735.25	264.9%
Jun-22	36	\$24,630	\$14,806	-\$19	\$2,784	\$0	\$17,571	\$7,059	\$410.74	71.3%
<b>2019</b>	<b>34</b>	<b>\$297,735</b>	<b>\$290,599</b>	<b>\$84,207</b>	<b>\$30,504</b>	<b>\$0</b>	<b>\$405,309</b>	<b>-\$107,574</b>	<b>\$907.52</b>	<b>136.1%</b>
<b>2020</b>	<b>35</b>	<b>\$321,740</b>	<b>\$558,672</b>	<b>\$94,761</b>	<b>\$31,095</b>	<b>\$0</b>	<b>\$684,528</b>	<b>-\$362,788</b>	<b>\$1,552.10</b>	<b>212.8%</b>
<b>2021</b>	<b>33</b>	<b>\$286,628</b>	<b>\$155,535</b>	<b>\$79,489</b>	<b>\$30,163</b>	<b>\$0</b>	<b>\$265,186</b>	<b>\$21,442</b>	<b>\$602.62</b>	<b>92.5%</b>
<b>2022 YTD</b>	<b>36</b>	<b>\$150,671</b>	<b>\$69,732</b>	<b>\$23,496</b>	<b>\$16,860</b>	<b>\$0</b>	<b>\$110,088</b>	<b>\$40,583</b>	<b>\$427.65</b>	<b>73.1%</b>
<b>Current 12 Months</b>	<b>34</b>	<b>\$286,676</b>	<b>\$179,299</b>	<b>\$65,418</b>	<b>\$31,323</b>	<b>\$0</b>	<b>\$276,040</b>	<b>\$10,636</b>	<b>\$604.24</b>	<b>96.3%</b>

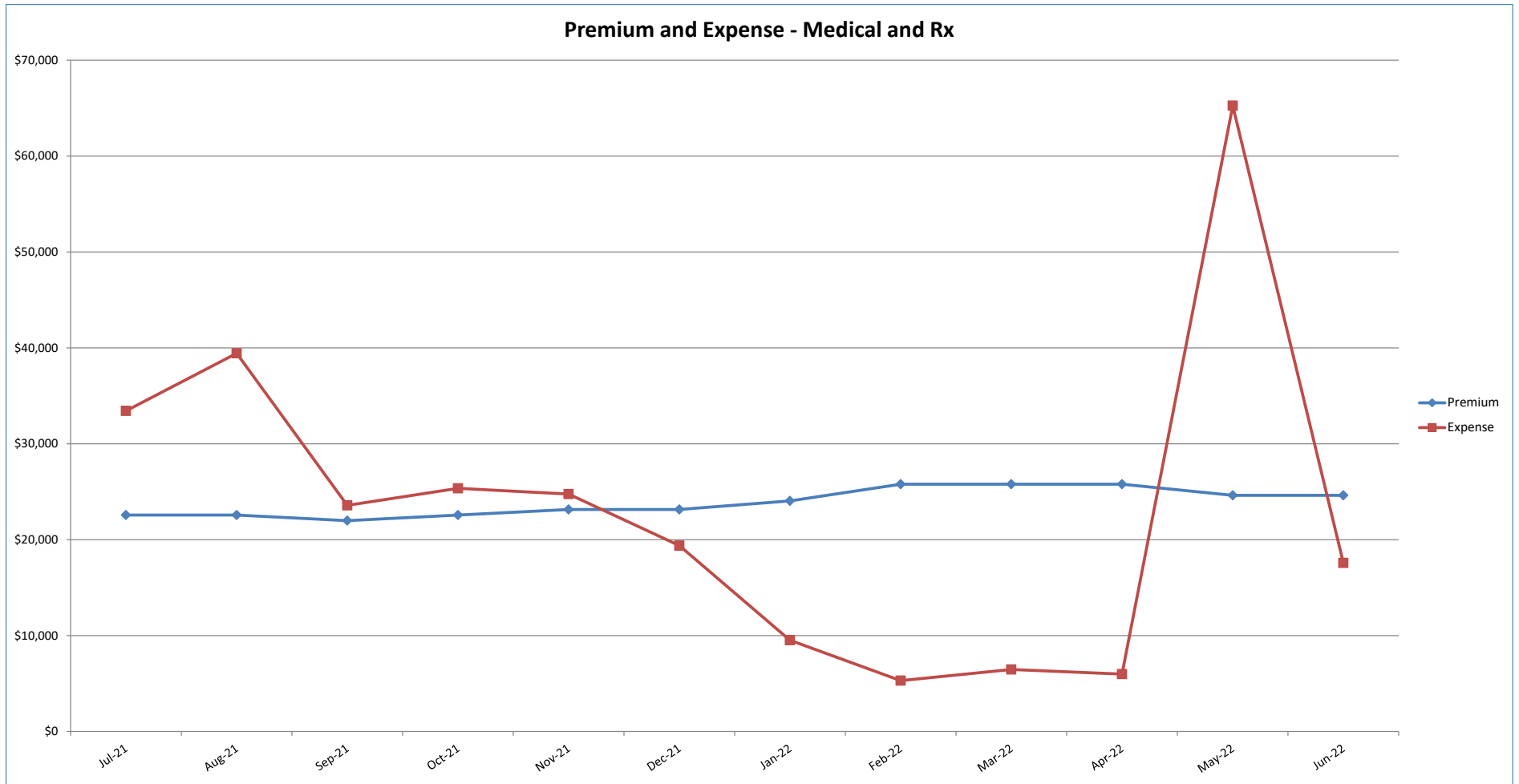
**Data Sources:**

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

**Notes:**

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

**San Joaquin Valley Insurance Authority (SJVIA)  
Anthem Blue Cross Premium and Claims Report as of June 2022  
County of Tulare - HDHP**



**Appendix**

<b>Fixed Cost Schedule</b>				
<b>SJVIA</b>	<b>Anthem Blue Cross Premium and Claims Report as of June 2022</b>			
<b>Total Fixed Costs Self-Funded Medical</b>	<b>EPO</b>	<b>PPO/HDHP</b>		
	<b>Fresno</b>	<b>Fresno</b>	<b>Tulare</b>	
Specific Stop-Loss Premium PEPM	\$29.37	\$19.91	\$22.71	
Aggregate Stop-Loss Premium PEPM	\$0.00	\$0.00	\$0.00	
Anthem Network & Admin. Fees	\$50.41	\$36.16	\$36.16	
EmpiRX Admin Fee	\$5.28	\$5.28	\$5.28	
Pooled Risk Charge	\$0.00	\$0.00	\$0.00	
Wellness	\$2.50	\$2.50	\$2.50	
Claims Mgmt/Communication	\$0.50	\$0.50	\$0.50	
Keenan Consulting Fee	\$3.10	\$3.10	\$3.10	
KPS Fee	\$2.16	\$2.16	\$2.16	
SJVIA Fee	\$2.00	\$2.00	\$2.00	
SJVIA Non-Founding Member Fee	\$0.00	\$0.00	\$0.00	
Hourglass - Benefit Administration	\$2.65	\$2.65	\$2.65	
ASI - Benefit Administration	\$2.00	\$2.00	\$0.00	
PCORI Fees	\$0.42	\$0.23	\$0.28	
<b>Total Fixed Cost</b>	<b>\$ 100.39</b>	<b>\$ 76.49</b>	<b>\$ 77.34</b>	



**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of June 2022**  
**County of Fresno and County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	7,328	\$403,096	\$376,903	\$28,359	\$405,262	-\$2,167	100.54%
Aug-20	7,293	\$401,160	\$289,047	\$28,224	\$317,271	\$83,889	79.09%
Sep-20	7,282	\$401,156	\$314,123	\$28,181	\$342,304	\$58,852	85.33%
Oct-20	7,256	\$399,834	\$398,963	\$28,081	\$427,044	-\$27,210	106.81%
Nov-20	7,244	\$399,874	\$301,164	\$28,034	\$329,199	\$70,675	82.33%
Dec-20	7,310	\$400,109	\$326,639	\$28,290	\$354,929	\$45,180	88.71%
Jan-21	7,327	\$400,148	\$307,101	\$28,355	\$335,457	\$64,691	83.83%
Feb-21	7,308	\$399,007	\$344,612	\$28,282	\$372,894	\$26,113	93.46%
Mar-21	7,316	\$399,627	\$372,906	\$28,313	\$401,219	-\$1,592	100.40%
Apr-21	7,308	\$398,731	\$406,024	\$28,282	\$434,306	-\$35,574	108.92%
May-21	7,300	\$397,910	\$332,284	\$28,251	\$360,535	\$37,376	90.61%
Jun-21	7,293	\$397,242	\$274,857	\$28,224	\$303,081	\$94,161	76.30%
Jul-21	7,294	\$397,249	\$370,180	\$28,228	\$398,408	-\$1,159	100.29%
Aug-21	7,297	\$397,422	\$302,814	\$28,239	\$331,053	\$66,369	83.30%
Sep-21	7,293	\$397,263	\$359,705	\$28,224	\$387,929	\$9,335	97.65%
Oct-21	7,248	\$395,106	\$289,713	\$28,050	\$317,763	\$77,343	80.42%
Nov-21	7,246	\$394,404	\$283,037	\$28,042	\$311,079	\$83,325	78.87%
Dec-21	7,310	\$396,926	\$323,016	\$28,290	\$351,305	\$45,621	88.51%
Jan-22	7,306	\$400,454	\$256,345	\$28,274	\$284,620	\$115,834	71.07%
Feb-22	7,291	\$399,860	\$307,158	\$28,216	\$335,374	\$64,486	83.87%
Mar-22	7,266	\$397,815	\$428,376	\$28,119	\$456,495	-\$58,680	114.75%
Apr-22	7,233	\$395,836	\$321,532	\$27,992	\$349,524	\$46,313	88.30%
May-22	7,250	\$397,113	\$328,205	\$28,058	\$356,262	\$40,850	89.71%
Jun-22	7,243	\$396,382	\$355,298	\$28,030	\$383,328	\$13,054	96.71%
<b>2019</b>	<b>7,079</b>	<b>\$4,609,557</b>	<b>\$3,779,921</b>	<b>\$327,104</b>	<b>\$4,107,025</b>	<b>\$502,533</b>	<b>89.10%</b>
<b>2020</b>	<b>7,286</b>	<b>\$4,818,580</b>	<b>\$3,558,380</b>	<b>\$338,846</b>	<b>\$3,897,225</b>	<b>\$921,355</b>	<b>80.88%</b>
<b>2021</b>	<b>7,295</b>	<b>\$4,771,036</b>	<b>\$3,966,248</b>	<b>\$338,780</b>	<b>\$4,305,028</b>	<b>\$466,008</b>	<b>90.23%</b>
<b>2022 YTD</b>	<b>7,265</b>	<b>\$2,387,460</b>	<b>\$1,996,914</b>	<b>\$168,689</b>	<b>\$2,165,603</b>	<b>\$221,857</b>	<b>90.71%</b>
<b>Current 12 Months</b>	<b>7,273</b>	<b>\$4,765,830</b>	<b>\$3,925,378</b>	<b>\$337,762</b>	<b>\$4,263,140</b>	<b>\$502,690</b>	<b>89.45%</b>

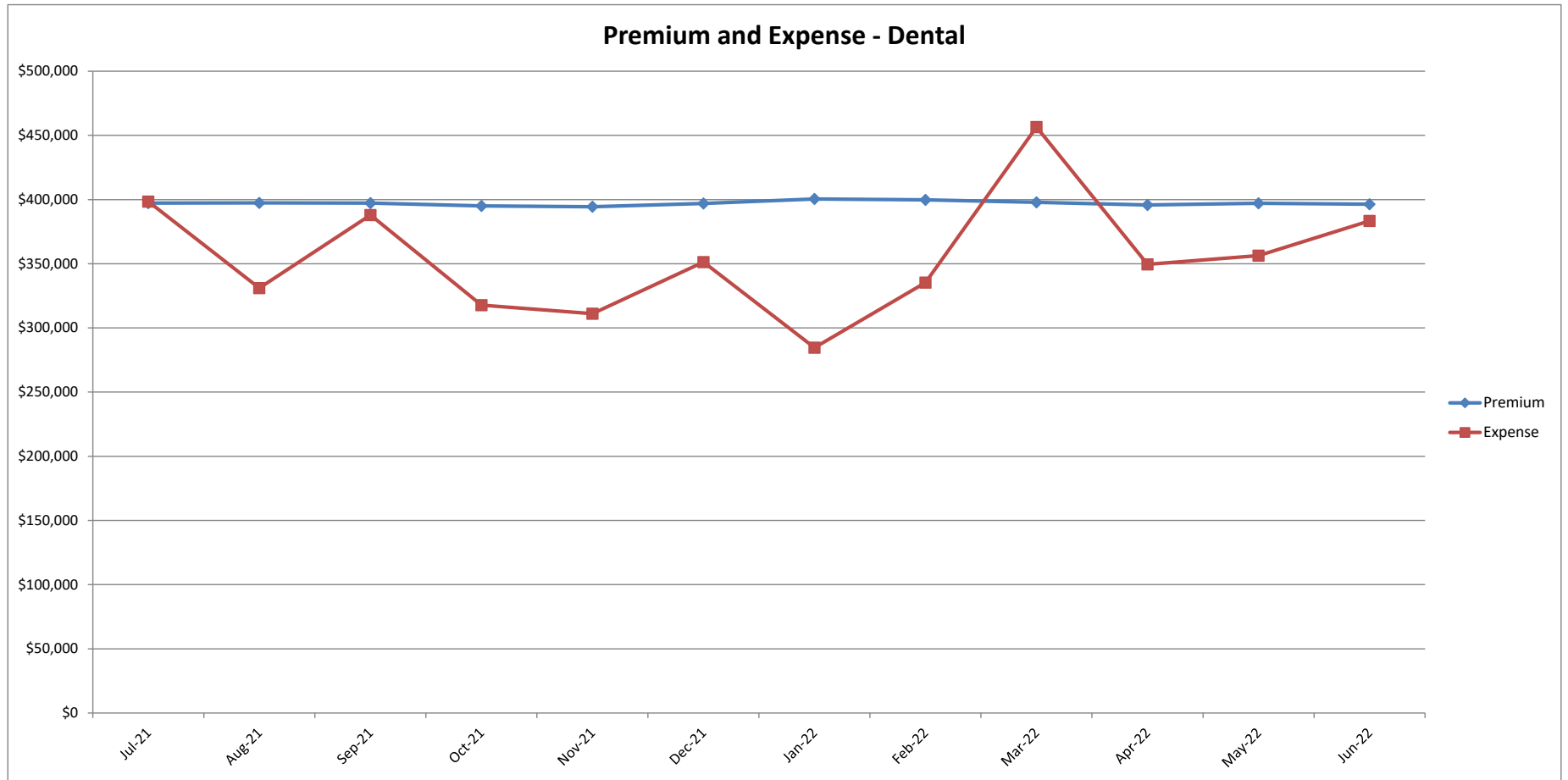
**Data Sources: Delta Dental Financial Report Package, Hourglass**

*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. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
4. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).



**San Joaquin Valley Insurance Authority (SJVIA)  
Delta Dental Premium and Claims Report as of June 2022  
County of Fresno and County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of June 2022**  
**County of Fresno**

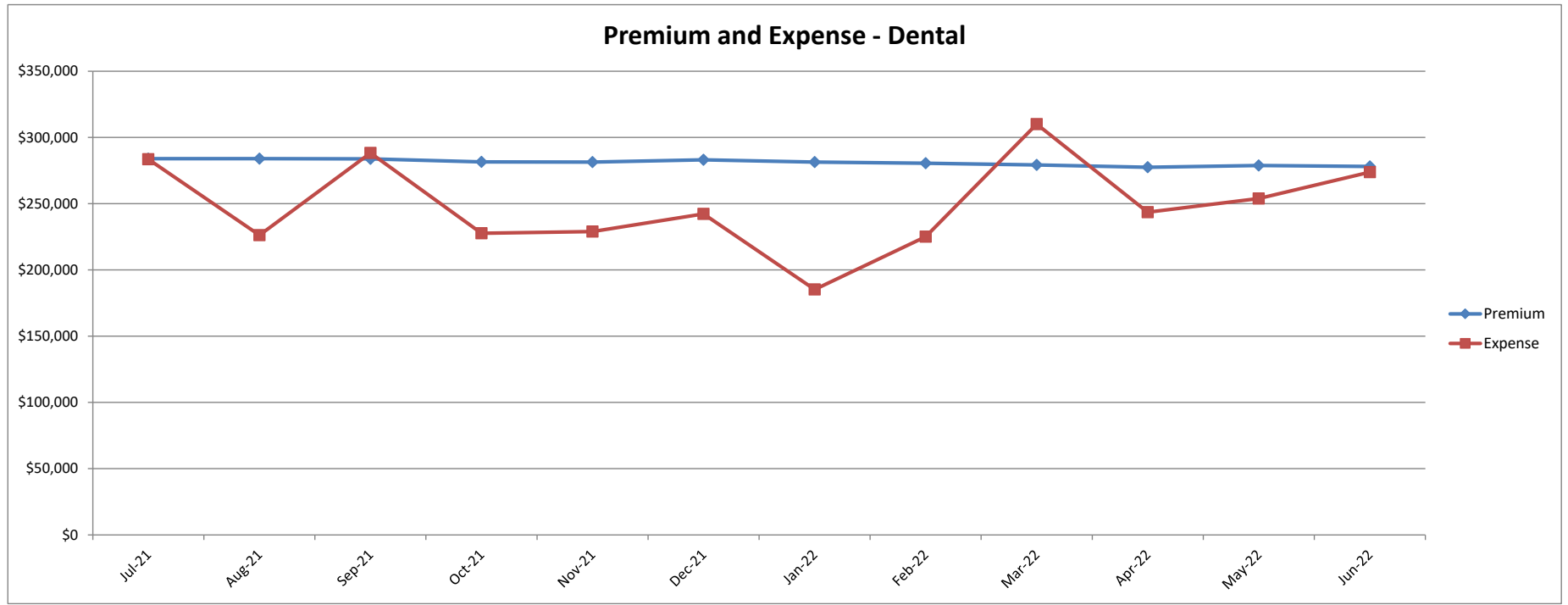
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	4,710	\$290,903	\$274,253	\$18,228	\$292,481	-\$1,578	100.54%
Aug-20	4,682	\$289,183	\$210,375	\$18,119	\$228,494	\$60,689	79.01%
Sep-20	4,679	\$289,285	\$210,179	\$18,108	\$228,286	\$60,999	78.91%
Oct-20	4,660	\$288,246	\$284,800	\$18,034	\$302,834	-\$14,589	105.06%
Nov-20	4,655	\$288,620	\$216,020	\$18,015	\$234,035	\$54,585	81.09%
Dec-20	4,721	\$288,608	\$239,119	\$18,270	\$257,389	\$31,219	89.18%
Jan-21	4,702	\$286,757	\$204,198	\$18,197	\$222,395	\$64,362	77.56%
Feb-21	4,697	\$286,360	\$232,482	\$18,177	\$250,660	\$35,700	87.53%
Mar-21	4,711	\$287,083	\$244,039	\$18,232	\$262,270	\$24,812	91.36%
Apr-21	4,699	\$285,969	\$279,693	\$18,185	\$297,879	-\$11,910	104.16%
May-21	4,686	\$284,989	\$242,930	\$18,135	\$261,065	\$23,924	91.61%
Jun-21	4,681	\$284,648	\$207,906	\$18,115	\$226,022	\$58,626	79.40%
Jul-21	4,672	\$283,978	\$265,448	\$18,081	\$283,529	\$449	99.84%
Aug-21	4,675	\$284,026	\$208,203	\$18,092	\$226,296	\$57,730	79.67%
Sep-21	4,674	\$283,811	\$270,164	\$18,088	\$288,252	-\$4,442	101.56%
Oct-21	4,630	\$281,551	\$209,769	\$17,918	\$227,687	\$53,864	80.87%
Nov-21	4,645	\$281,493	\$210,962	\$17,976	\$228,938	\$52,554	81.33%
Dec-21	4,684	\$283,093	\$224,221	\$18,127	\$242,348	\$40,745	85.61%
Jan-22	4,661	\$281,483	\$167,223	\$18,038	\$185,261	\$96,222	65.82%
Feb-22	4,643	\$280,631	\$207,159	\$17,968	\$225,128	\$55,503	80.22%
Mar-22	4,630	\$279,228	\$292,166	\$17,918	\$310,084	-\$30,856	111.05%
Apr-22	4,594	\$277,518	\$225,770	\$17,779	\$243,549	\$33,969	87.76%
May-22	4,621	\$278,873	\$236,071	\$17,883	\$253,954	\$24,919	91.06%
Jun-22	4,611	\$278,151	\$255,946	\$17,845	\$273,791	\$4,360	98.43%
<b>2019</b>	<b>4,468</b>	<b>\$3,309,176</b>	<b>\$2,720,697</b>	<b>\$207,490</b>	<b>\$2,928,187</b>	<b>\$380,989</b>	<b>88.49%</b>
<b>2020</b>	<b>4,685</b>	<b>\$3,481,998</b>	<b>\$2,517,998</b>	<b>\$218,094</b>	<b>\$2,736,092</b>	<b>\$745,906</b>	<b>78.58%</b>
<b>2021</b>	<b>4,680</b>	<b>\$3,413,756</b>	<b>\$2,800,017</b>	<b>\$217,324</b>	<b>\$3,017,340</b>	<b>\$396,416</b>	<b>88.39%</b>
<b>2022 YTD</b>	<b>4,627</b>	<b>\$1,675,884</b>	<b>\$1,384,336</b>	<b>\$107,431</b>	<b>\$1,491,767</b>	<b>\$184,117</b>	<b>89.01%</b>
<b>Current 12 Months</b>	<b>4,645</b>	<b>\$3,373,835</b>	<b>\$2,773,103</b>	<b>\$215,714</b>	<b>\$2,988,817</b>	<b>\$385,018</b>	<b>88.59%</b>

**Data Sources: Delta Dental Financial Report Package, Hourglass**

*Note:*

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
3. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).

**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of June 2022**  
**County of Fresno**





**San Joaquin Valley Insurance Authority (SJVIA)**  
**Delta Dental Premium and Claims Report as of June 2022**  
**County of Tulare**

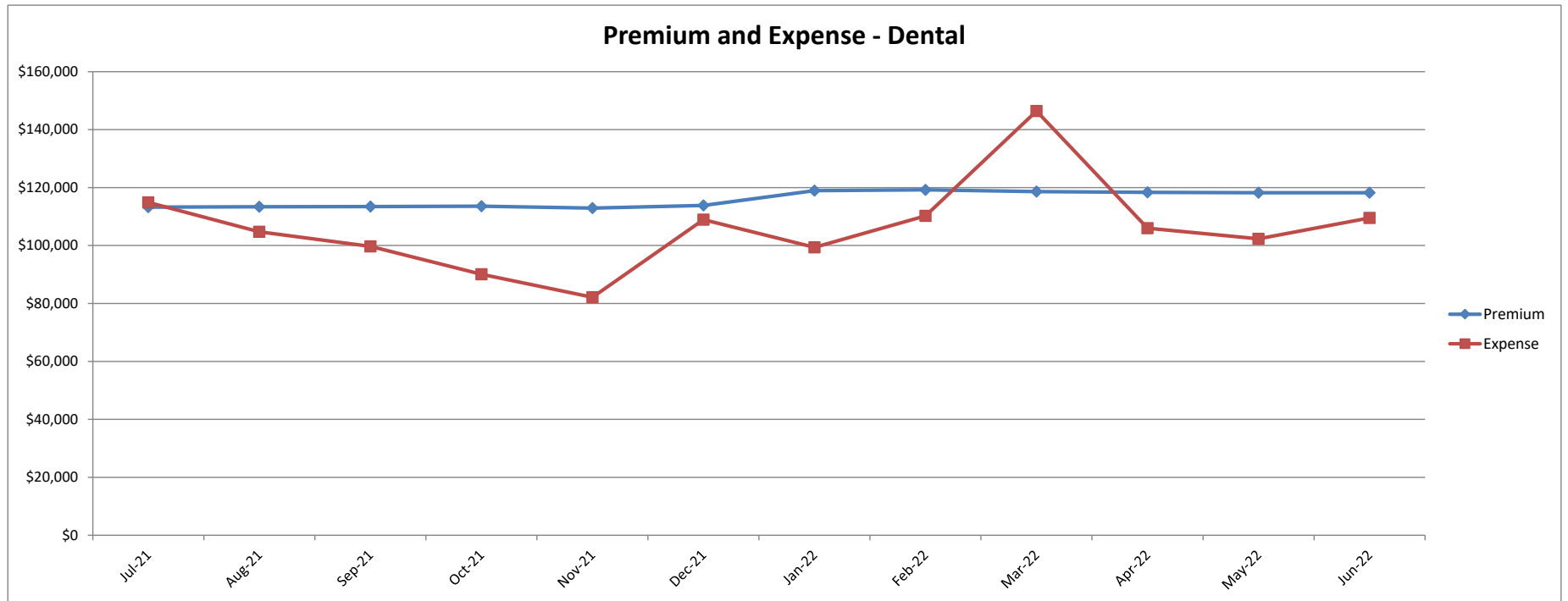
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	2,618	\$112,192	\$102,649	\$10,132	\$112,781	-\$589	100.52%
Aug-20	2,611	\$111,977	\$78,672	\$10,105	\$88,776	\$23,200	79.28%
Sep-20	2,603	\$111,871	\$103,944	\$10,074	\$114,018	-\$2,147	101.92%
Oct-20	2,596	\$111,588	\$114,163	\$10,047	\$124,209	-\$12,621	111.31%
Nov-20	2,589	\$111,254	\$85,144	\$10,019	\$95,163	\$16,091	85.54%
Dec-20	2,589	\$111,500	\$87,521	\$10,019	\$97,540	\$13,961	87.48%
Jan-21	2,625	\$113,391	\$102,903	\$10,159	\$113,062	\$329	99.71%
Feb-21	2,611	\$112,647	\$112,130	\$10,105	\$122,234	-\$9,587	108.51%
Mar-21	2,605	\$112,545	\$128,867	\$10,081	\$138,949	-\$26,404	123.46%
Apr-21	2,609	\$112,763	\$126,330	\$10,097	\$136,427	-\$23,664	120.99%
May-21	2,614	\$112,921	\$89,354	\$10,116	\$99,470	\$13,452	88.09%
Jun-21	2,612	\$112,594	\$66,950	\$10,108	\$77,059	\$35,535	68.44%
Jul-21	2,622	\$113,271	\$104,732	\$10,147	\$114,879	-\$1,608	101.42%
Aug-21	2,622	\$113,396	\$94,610	\$10,147	\$104,758	\$8,639	92.38%
Sep-21	2,619	\$113,453	\$89,541	\$10,136	\$99,676	\$13,776	87.86%
Oct-21	2,618	\$113,556	\$79,944	\$10,132	\$90,076	\$23,480	79.32%
Nov-21	2,601	\$112,911	\$72,075	\$10,066	\$82,141	\$30,770	72.75%
Dec-21	2,626	\$113,833	\$98,795	\$10,163	\$108,957	\$4,876	95.72%
Jan-22	2,645	\$118,970	\$89,122	\$10,236	\$99,358	\$19,612	83.52%
Feb-22	2,648	\$119,229	\$99,998	\$10,248	\$110,246	\$8,983	92.47%
Mar-22	2,636	\$118,587	\$136,210	\$10,201	\$146,411	-\$27,824	123.46%
Apr-22	2,639	\$118,318	\$95,762	\$10,213	\$105,975	\$12,343	89.57%
May-22	2,629	\$118,239	\$92,134	\$10,174	\$102,308	\$15,931	86.53%
Jun-22	2,632	\$118,231	\$99,352	\$10,186	\$109,538	\$8,694	92.65%
<b>2019</b>	<b>2,576</b>	<b>\$1,300,381</b>	<b>\$1,059,223</b>	<b>\$119,614</b>	<b>\$1,178,837</b>	<b>\$121,544</b>	<b>90.65%</b>
<b>2020</b>	<b>2,600</b>	<b>\$1,336,582</b>	<b>\$1,040,382</b>	<b>\$120,752</b>	<b>\$1,161,134</b>	<b>\$175,448</b>	<b>86.87%</b>
<b>2021</b>	<b>2,615</b>	<b>\$1,357,280</b>	<b>\$1,166,232</b>	<b>\$121,456</b>	<b>\$1,287,688</b>	<b>\$69,593</b>	<b>94.87%</b>
<b>2022 YTD</b>	<b>2,638</b>	<b>\$711,576</b>	<b>\$612,578</b>	<b>\$61,258</b>	<b>\$673,836</b>	<b>\$37,740</b>	<b>94.70%</b>
<b>Current 12 Months</b>	<b>2,628</b>	<b>\$1,391,995</b>	<b>\$1,152,275</b>	<b>\$122,048</b>	<b>\$1,274,323</b>	<b>\$117,672</b>	<b>91.55%</b>

**Data Sources: Delta Dental Financial Report Package, Hourglass**

*Note:*

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
3. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).

**San Joaquin Valley Insurance Authority (SJVIA)  
Delta Dental Premium and Claims Report as of June 2022  
County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)  
VSP Premium and Claims Report as of June 2022  
County of Fresno and County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	7,240	\$62,280	\$41,240	\$8,096	\$49,336	\$12,944	79.22%
Aug-20	7,221	\$62,129	\$52,474	\$8,077	\$60,551	\$1,578	97.46%
Sep-20	7,180	\$61,880	\$49,560	\$8,044	\$57,604	\$4,276	93.09%
Oct-20	7,163	\$61,721	\$49,898	\$8,024	\$57,922	\$3,799	93.84%
Nov-20	7,179	\$61,789	\$53,639	\$8,033	\$61,672	\$117	99.81%
Dec-20	7,147	\$61,489	\$48,039	\$7,994	\$56,032	\$5,456	91.13%
Jan-21	7,183	\$61,942	\$49,034	\$8,052	\$57,086	\$4,856	92.16%
Feb-21	7,191	\$61,905	\$49,514	\$8,048	\$57,561	\$4,344	92.98%
Mar-21	7,164	\$61,746	\$53,775	\$8,027	\$61,802	-\$56	100.09%
Apr-21	7,099	\$61,284	\$51,583	\$7,967	\$59,550	\$1,734	97.17%
May-21	7,164	\$61,660	\$49,898	\$8,016	\$57,913	\$3,746	93.92%
Jun-21	7,140	\$61,325	\$47,233	\$7,972	\$55,205	\$6,120	90.02%
Jul-21	7,147	\$61,390	\$39,676	\$7,981	\$47,656	\$13,733	77.63%
Aug-21	7,120	\$61,142	\$54,222	\$7,948	\$62,170	-\$1,028	101.68%
Sep-21	7,102	\$60,932	\$49,572	\$7,921	\$57,493	\$3,439	94.36%
Oct-21	7,107	\$60,819	\$42,675	\$7,906	\$50,581	\$10,238	83.17%
Nov-21	7,117	\$60,936	\$50,203	\$7,922	\$58,124	\$2,812	95.39%
Dec-21	7,136	\$61,190	\$52,289	\$7,955	\$60,244	\$946	98.45%
Jan-22	7,184	\$62,230	\$49,541	\$8,090	\$57,631	\$4,598	92.61%
Feb-22	7,174	\$62,040	\$42,443	\$8,065	\$50,509	\$11,532	81.41%
Mar-22	7,140	\$61,700	\$54,419	\$8,021	\$62,440	-\$740	101.20%
Apr-22	7,107	\$61,441	\$48,056	\$7,987	\$56,043	\$5,397	91.22%
May-22	7,084	\$61,144	\$46,179	\$7,949	\$54,127	\$7,017	88.52%
Jun-22	7,134	\$61,267	\$47,233	\$7,965	\$55,198	\$6,069	90.09%
<b>2019</b>	<b>7,076</b>	<b>\$731,459</b>	<b>\$604,721</b>	<b>\$95,090</b>	<b>\$699,810</b>	<b>\$31,648</b>	<b>95.67%</b>
<b>2020</b>	<b>7,209</b>	<b>\$745,135</b>	<b>\$543,914</b>	<b>\$96,868</b>	<b>\$640,781</b>	<b>\$104,354</b>	<b>86.00%</b>
<b>2021</b>	<b>7,139</b>	<b>\$736,270</b>	<b>\$589,671</b>	<b>\$95,715</b>	<b>\$685,386</b>	<b>\$50,883</b>	<b>93.09%</b>
<b>2022 YTD</b>	<b>7,137</b>	<b>\$369,822</b>	<b>\$287,871</b>	<b>\$48,077</b>	<b>\$335,948</b>	<b>\$33,874</b>	<b>90.84%</b>
Current 12 Months	7,129	\$736,229	\$576,506	\$95,710	\$672,216	\$64,013	91.31%

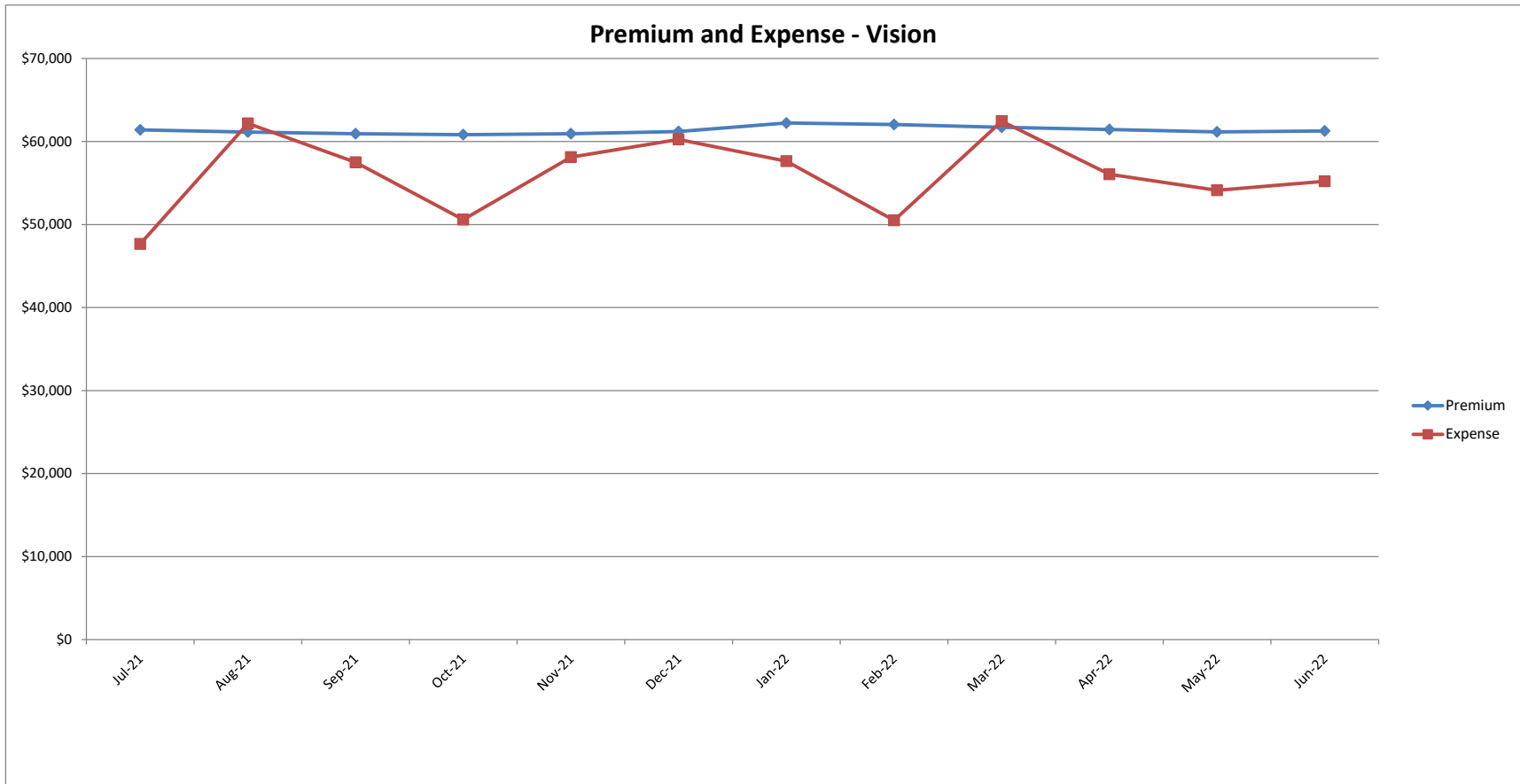
**Data Source: VSP SJVIA Utilization Reports**

Note:

1. The above figures include all the divisions under the County of Fresno, and County of Tulare.
2. VSP Admin is the retention fee - % of premium (2015: 12%; 2016-2019: 13%).
3. City of Ceres is included in the 2017 figures; however, the City terminated their coverage effective 12/31/17.



### San Joaquin Valley Insurance Authority (SJVIA) VSP Premium and Claims Report as of June 2022 County of Fresno and County of Tulare





**San Joaquin Valley Insurance Authority (SJVIA)  
VSP Premium and Claims Report as of June 2022  
County of Fresno**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	4,339	\$45,410	\$30,161	\$5,903	\$36,064	\$9,346	79.42%
Aug-20	4,326	\$45,272	\$33,357	\$5,885	\$39,242	\$6,030	86.68%
Sep-20	4,292	\$45,045	\$32,197	\$5,856	\$38,053	\$6,992	84.48%
Oct-20	4,276	\$44,867	\$31,460	\$5,833	\$37,293	\$7,574	83.12%
Nov-20	4,294	\$44,970	\$36,305	\$5,846	\$42,151	\$2,819	93.73%
Dec-20	4,277	\$44,739	\$31,055	\$5,816	\$36,871	\$7,868	82.41%
Jan-21	4,304	\$45,030	\$32,791	\$5,854	\$38,645	\$6,385	85.82%
Feb-21	4,314	\$45,023	\$35,868	\$5,853	\$41,721	\$3,303	92.66%
Mar-21	4,303	\$44,943	\$37,128	\$5,843	\$42,971	\$1,972	95.61%
Apr-21	4,305	\$44,862	\$36,858	\$5,832	\$42,690	\$2,171	95.16%
May-21	4,296	\$44,804	\$32,369	\$5,825	\$38,193	\$6,611	85.24%
Jun-21	4,266	\$44,462	\$30,797	\$5,780	\$36,577	\$7,885	82.27%
Jul-21	4,268	\$44,465	\$27,885	\$5,780	\$33,665	\$10,800	75.71%
Aug-21	4,249	\$44,252	\$38,733	\$5,753	\$44,486	-\$234	100.53%
Sep-21	4,241	\$44,091	\$30,979	\$5,732	\$36,711	\$7,380	83.26%
Oct-21	4,223	\$43,841	\$27,055	\$5,699	\$32,754	\$11,087	74.71%
Nov-21	4,240	\$43,944	\$33,102	\$5,713	\$38,815	\$5,129	88.33%
Dec-21	4,284	\$44,354	\$36,162	\$5,766	\$41,928	\$2,426	94.53%
Jan-22	4,319	\$45,027	\$34,945	\$5,854	\$40,798	\$4,229	90.61%
Feb-22	4,291	\$44,738	\$27,532	\$5,816	\$33,348	\$11,391	74.54%
Mar-22	4,274	\$44,505	\$39,054	\$5,786	\$44,840	-\$335	100.75%
Apr-22	4,263	\$44,393	\$31,866	\$5,771	\$37,637	\$6,756	84.78%
May-22	4,233	\$44,077	\$30,024	\$5,730	\$35,754	\$8,323	81.12%
Jun-22	4,264	\$44,428	\$30,797	\$5,776	\$36,573	\$7,855	82.32%
<b>2019</b>	<b>4,199</b>	<b>\$537,705</b>	<b>\$400,263</b>	<b>\$69,902</b>	<b>\$470,165</b>	<b>\$67,540</b>	<b>87.44%</b>
<b>2020</b>	<b>4,317</b>	<b>\$543,302</b>	<b>\$366,377</b>	<b>\$70,629</b>	<b>\$437,006</b>	<b>\$106,296</b>	<b>80.44%</b>
<b>2021</b>	<b>4,274</b>	<b>\$534,071</b>	<b>\$399,728</b>	<b>\$69,429</b>	<b>\$469,158</b>	<b>\$64,913</b>	<b>87.85%</b>
<b>2022 YTD</b>	<b>4,274</b>	<b>\$267,168</b>	<b>\$194,218</b>	<b>\$34,732</b>	<b>\$228,950</b>	<b>\$38,218</b>	<b>85.70%</b>
Current 12 Months	4,262	\$532,115	\$388,135	\$69,175	\$457,310	\$74,805	85.94%

**Data Source: VSP SJVIA Utilization Reports**

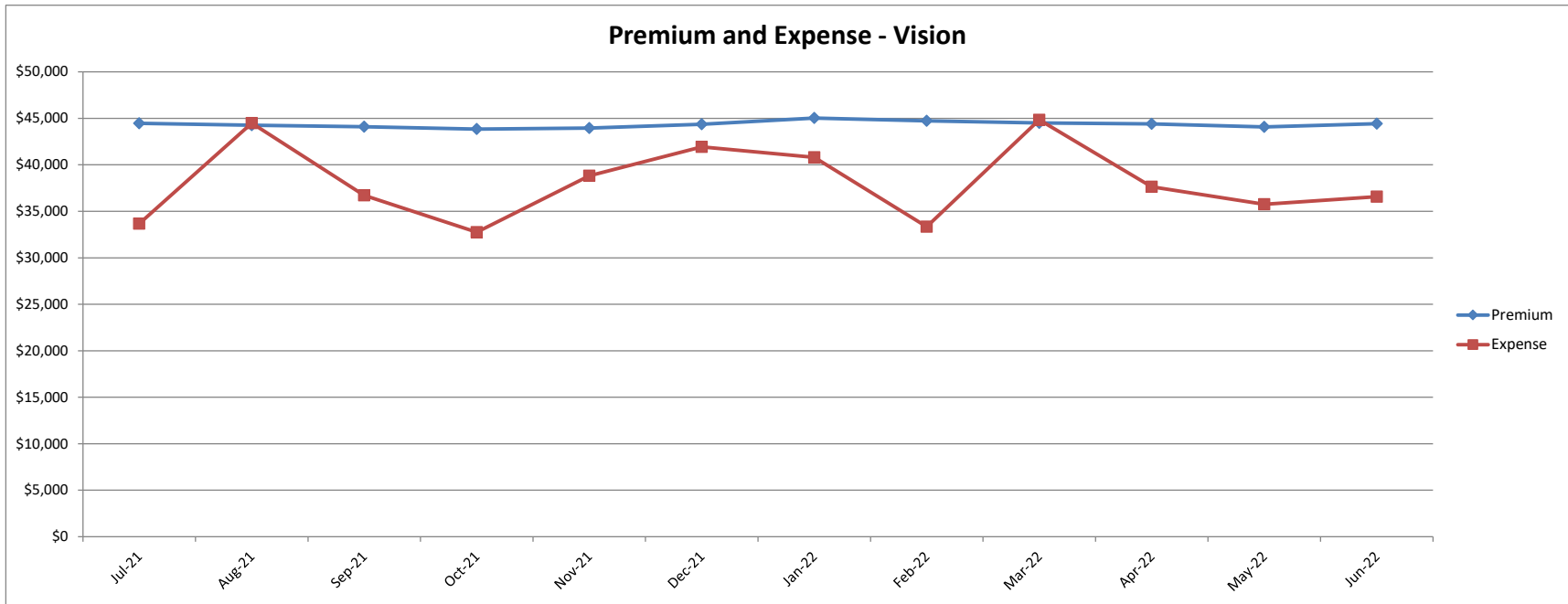
Note:

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 as of June 2022  
County of Fresno





**San Joaquin Valley Insurance Authority (SJVIA)**  
**VSP Premium and Claims Report as of June 2022**  
**County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Jul-20	2,901	\$16,870	\$11,079	\$2,193	\$13,272	\$3,598	78.67%
Aug-20	2,895	\$16,857	\$19,117	\$2,191	\$21,308	-\$4,451	126.41%
Sep-20	2,888	\$16,835	\$17,363	\$2,189	\$19,552	-\$2,717	116.14%
Oct-20	2,887	\$16,854	\$18,438	\$2,191	\$20,629	-\$3,775	122.40%
Nov-20	2,885	\$16,819	\$17,334	\$2,186	\$19,520	-\$2,701	116.06%
Dec-20	2,870	\$16,749	\$16,984	\$2,177	\$19,161	-\$2,412	114.40%
Jan-21	2,879	\$16,912	\$16,243	\$2,199	\$18,441	-\$1,529	109.04%
Feb-21	2,877	\$16,882	\$13,646	\$2,195	\$15,840	\$1,041	93.83%
Mar-21	2,861	\$16,803	\$16,647	\$2,184	\$18,831	-\$2,028	112.07%
Apr-21	2,794	\$16,423	\$14,725	\$2,135	\$16,860	-\$437	102.66%
May-21	2,868	\$16,855	\$17,529	\$2,191	\$19,720	-\$2,865	116.99%
Jun-21	2,874	\$16,863	\$16,436	\$2,192	\$18,628	-\$1,765	110.47%
Jul-21	2,879	\$16,925	\$11,791	\$2,200	\$13,991	\$2,934	82.67%
Aug-21	2,871	\$16,890	\$15,489	\$2,196	\$17,684	-\$794	104.70%
Sep-21	2,861	\$16,841	\$18,592	\$2,189	\$20,782	-\$3,941	123.40%
Oct-21	2,884	\$16,977	\$15,620	\$2,207	\$17,827	-\$849	105.00%
Nov-21	2,877	\$16,992	\$17,100	\$2,209	\$19,309	-\$2,317	113.64%
Dec-21	2,852	\$16,836	\$16,127	\$2,189	\$18,315	-\$1,480	108.79%
Jan-22	2,865	\$17,202	\$14,597	\$2,236	\$16,833	\$369	97.85%
Feb-22	2,883	\$17,302	\$14,912	\$2,249	\$17,161	\$141	99.18%
Mar-22	2,866	\$17,195	\$15,365	\$2,235	\$17,600	-\$405	102.35%
Apr-22	2,844	\$17,048	\$16,190	\$2,216	\$18,407	-\$1,359	107.97%
May-22	2,851	\$17,068	\$16,155	\$2,219	\$18,374	-\$1,306	107.65%
Jun-22	2,870	\$16,839	\$16,436	\$2,189	\$18,625	-\$1,786	110.60%
<b>2019</b>	<b>2,877</b>	<b>\$193,754</b>	<b>\$204,457</b>	<b>\$25,188</b>	<b>\$229,645</b>	<b>-\$35,892</b>	<b>118.52%</b>
<b>2020</b>	<b>2,892</b>	<b>\$201,832</b>	<b>\$177,537</b>	<b>\$26,238</b>	<b>\$203,775</b>	<b>-\$1,943</b>	<b>100.96%</b>
<b>2021</b>	<b>2,865</b>	<b>\$202,199</b>	<b>\$189,943</b>	<b>\$26,286</b>	<b>\$216,229</b>	<b>-\$14,030</b>	<b>106.94%</b>
<b>2022 YTD</b>	<b>2,863</b>	<b>\$102,654</b>	<b>\$93,653</b>	<b>\$13,345</b>	<b>\$106,998</b>	<b>-\$4,345</b>	<b>104.23%</b>
Current 12 Months	2,867	\$204,115	\$188,372	\$26,535	\$214,907	-\$10,792	105.29%

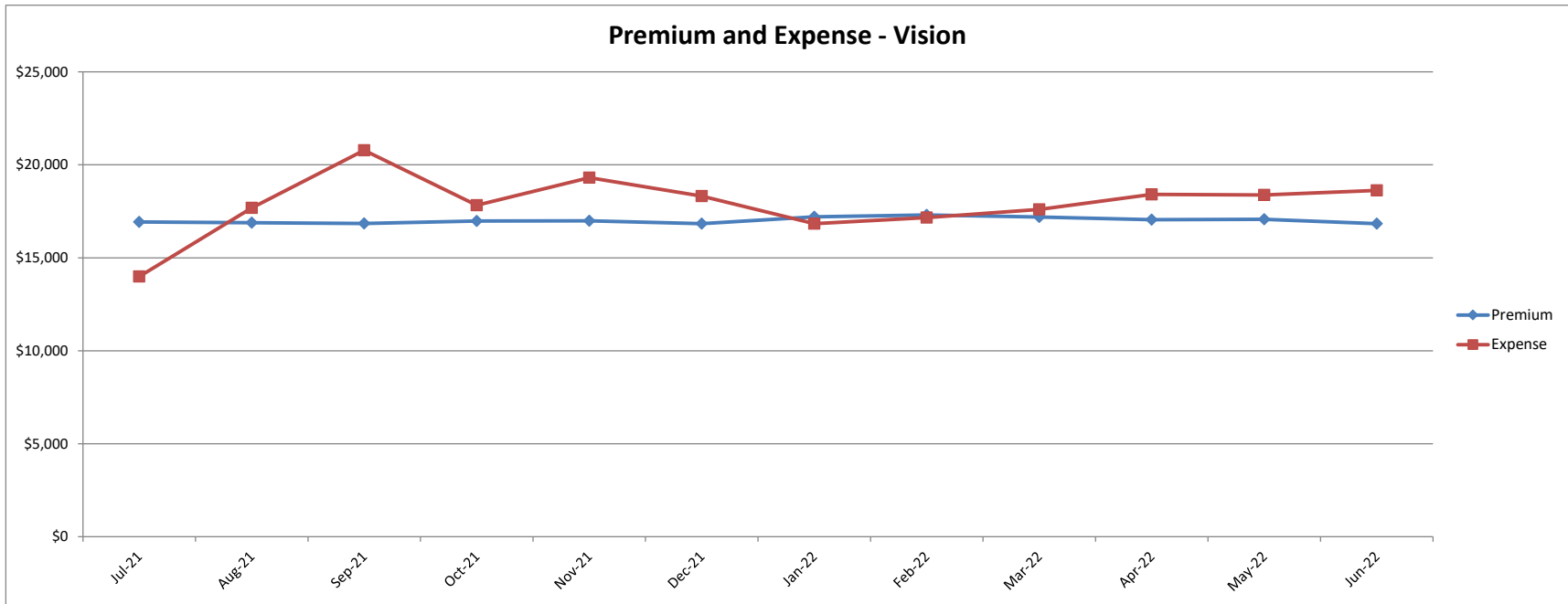
**Data Source: VSP SJVIA Utilization Reports**

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 as of June 2022  
County of Tulare





**BOARD OF DIRECTORS**

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Board of Supervisors Chambers  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022  
**ITEM NUMBER:** Item 10  
**SUBJECT:** Receive Keenan Pharmacy Services' Consultant's Report on EmpiRx Q2 2022 Utilization (I)  
**REQUEST(S):** Receive consultant's report on EmpiRx Q2 2022 Utilization.  
**DESCRIPTION:**

Keenan Pharmacy Services has completed the analysis and review of the EmpiRx utilization reports for Q2 2022 and has provided the consultant's report as a summary of this data.

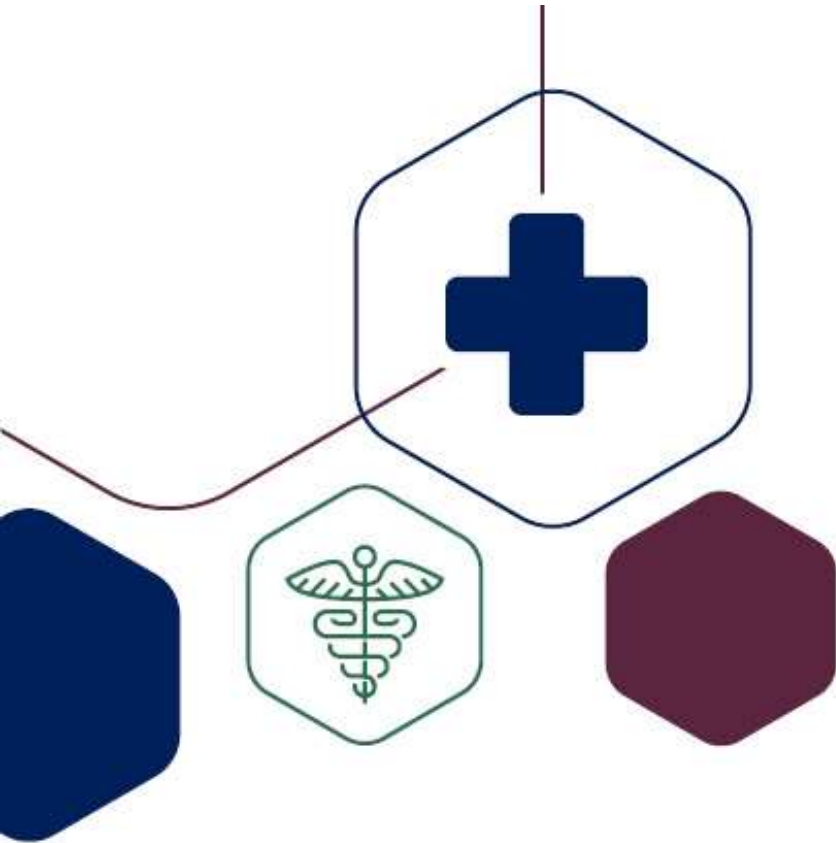
**FISCAL IMPACT/FINANCING:**

Informational only; no financial impact.

**ADMINISTRATIVE SIGN-OFF:**

Hollis Magill  
SJVIA Manager

Lupe Garza  
SJVIA Assistant Manager



Keenan Pharmacy Services  
Consultant's Deck  
Q2-2022

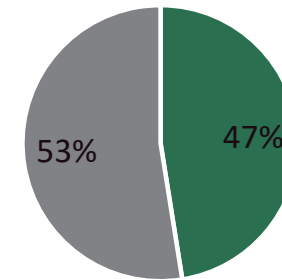
# Quarterly Key Pharmacy Benefit Metrics Consultant's Report

## SJVIA- EmpiRx Health - Q2 2022 Highlights:

Total Plan Cost	Q2 2021	Q2 2022	Increase
Tulare	\$2,057,651	\$2,536,016	23.24%
Fresno	\$3,014,890	\$3,076,552	2.05%
Totals:	\$5,072,541	\$5,612,568	10.64%

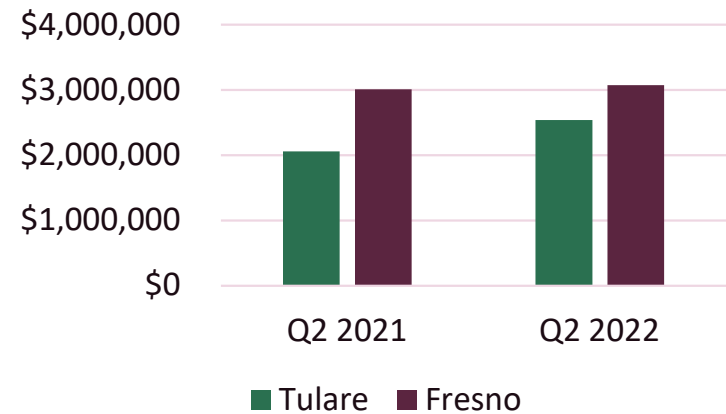
- SJVIA's total plan cost increased in Q2 2022 by 3.47% to \$5,612,568
  - Tulare: \$2,536,016 in plan cost
  - Fresno: \$3,076,552 in plan cost
- The increase in plan spend can be attributed to increased Specialty utilization
- There was an increase of 10.64% in plan cost when comparing Q2 2021 (\$5,072,541) to Q2 2022 (\$5,612,568)

## SJVIA Total Plan cost



■ Total Plan Cost Q2 2021    ■ Total Plan Cost Q2 2022

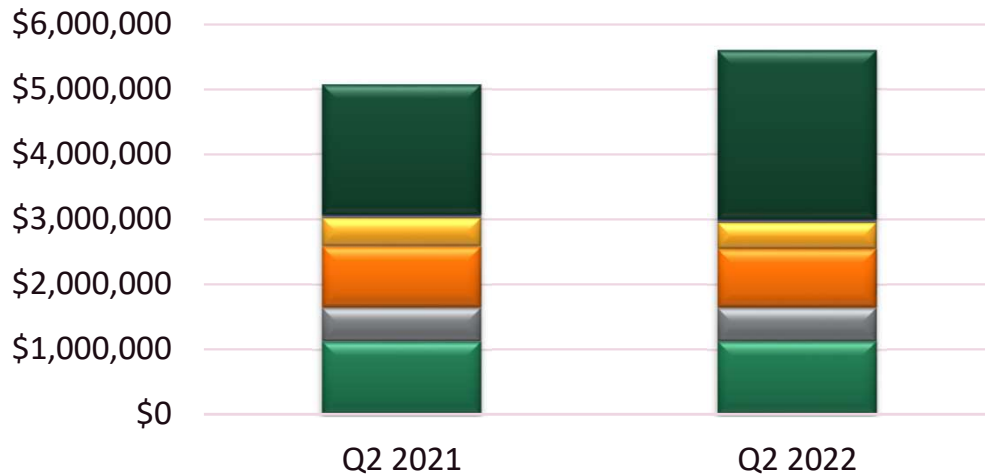
## Plan Cost by County



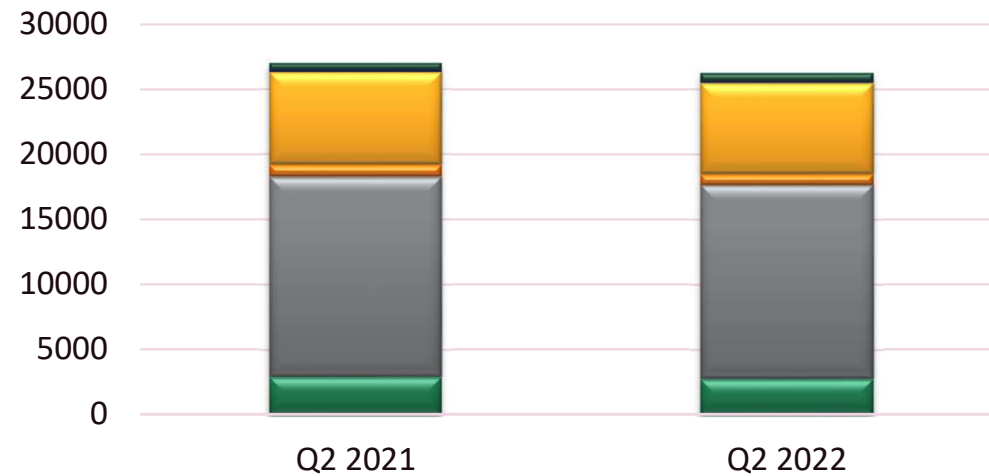
# Quarterly Key Pharmacy Benefit Metrics

## Consultant's Report

Plan cost by Category



Volume by Category



- Retail Brand
- Retail Generic
- Retail 90 Brand
- Retail 90 Generic
- Mail Brand
- Mail Generic
- Specialty

- Retail Brand
- Retail Generic
- Retail 90 Brand
- Retail 90 Generic
- Mail Brand
- Mail Generic
- Specialty

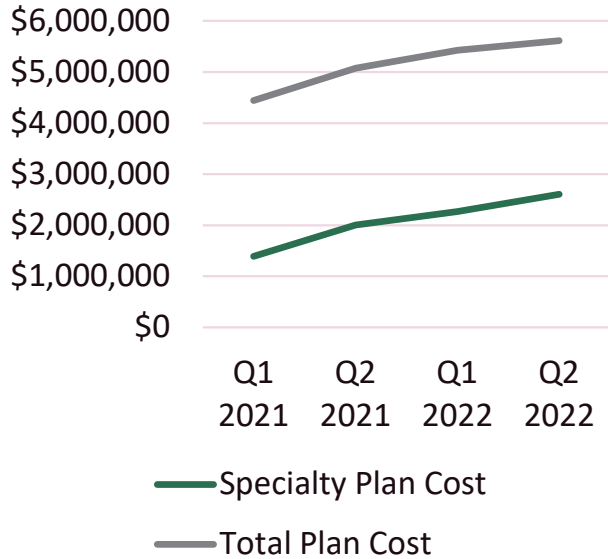
- **Majority of the SJVIA members continue to fill scripts at retail**
  - Retail scripts account for 98.62% of plan spend
- **Overall, the claims volume in Q2 2022 decreased in all channels apart from Specialty**
  - The majority of SJVIA members (83.4% of scripts) are filling in the Retail Generic or Retail 90 Generic channel

- **The Generic Dispensing Rate (GDR) continues to trend well for SJVIA in all channels**
  - The GDR increased slightly in the Retail and Retail 90 channel from Q2 2021 to Q2 2022
  - The Mail Generic dispensing rate increased in Q2 2022 to 88.94% from 86.42% in Q1 2022
  - The GDR excludes Specialty

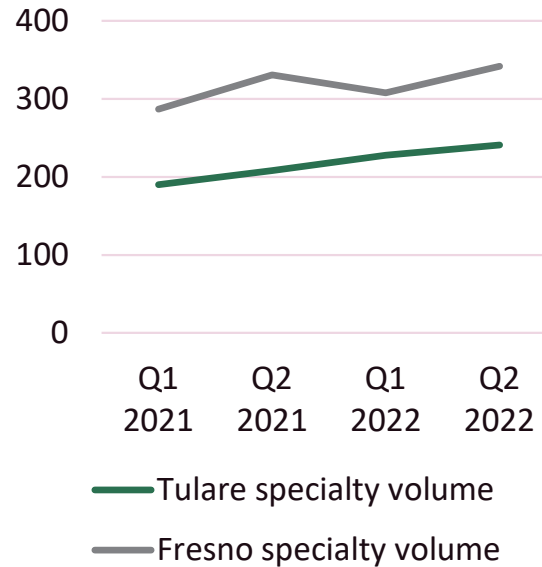


# Quarterly Key Pharmacy Benefit Metrics Consultant's Report

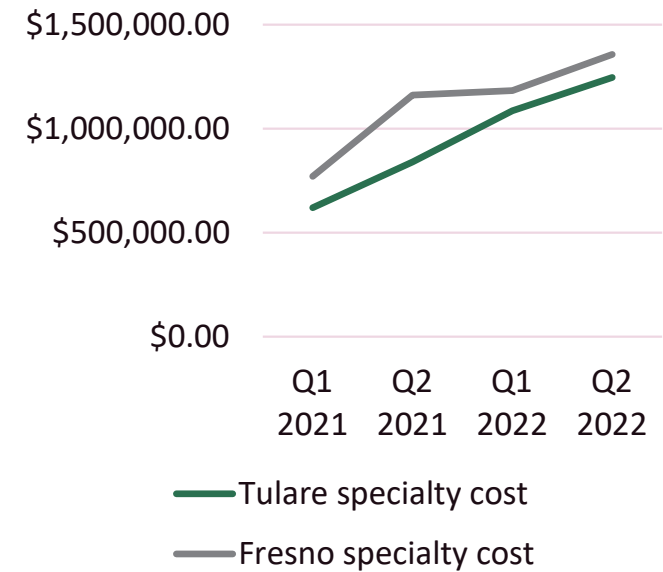
### Specialty Plan Cost



### Specialty Volume Trend



### Specialty \$ Trend



- **Q2 2022 Specialty plan spend increased compared to previous quarters**

- The spend shift can be mostly attributed to the Specialty channel seeing an increase in utilization for Q2 2022
- Specialty plan costs in Q2: \$2,604,613 (46.4% of plan spend)
  - Specialty plan cost in Q1 2022: \$2,269,675
  - Year over year increase in Specialty plan cost when comparing Q2 2021 (\$2,003,006) to Q2 2022 (\$2,604,613)

- **Specialty claims volume increased with new utilization in Q2 2022**

- 583 Scripts filled in Q2 2022
  - 536 scripts filled in Q1 2022
  - 539 Scripts filled in Q2 2021
- SJVIA Specialty plan costs (46.4% of total cost) trends above the EmpiRx book of business national average range (35%-40%)

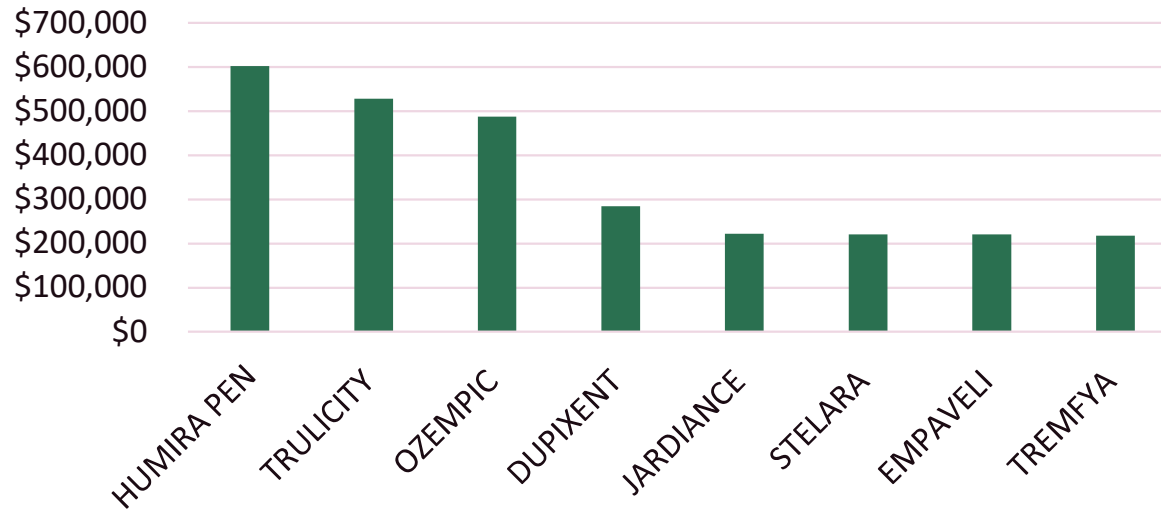




# Quarterly Key Pharmacy Benefit Metrics

## Consultant's Report

Top Clinical Cost Drivers by Drug 2022 1H



- HUMIRA PEN 17 Utilizers (1 additional utilizers than 1H 2021)
- TRULICITY 134 Utilizers (33 additional utilizers than 1H 2021)
- OZEMPIC 142 Utilizers (70 additional utilizers than 1H 2021)
- DUPIXENT 19 Utilizers (6 additional utilizers than 1H 2021)
- JARDIANCE 95 Utilizers (11 additional utilizers than 1H 2021)
- STELARA 5 Utilizers (2 additional utilizers than 1H 2021)
- EMPAVELI 1 Utilizers (0 utilizers in 1H 2021)
- TREMFYA 7 Utilizers (1 less utilizers than 1H 2021)

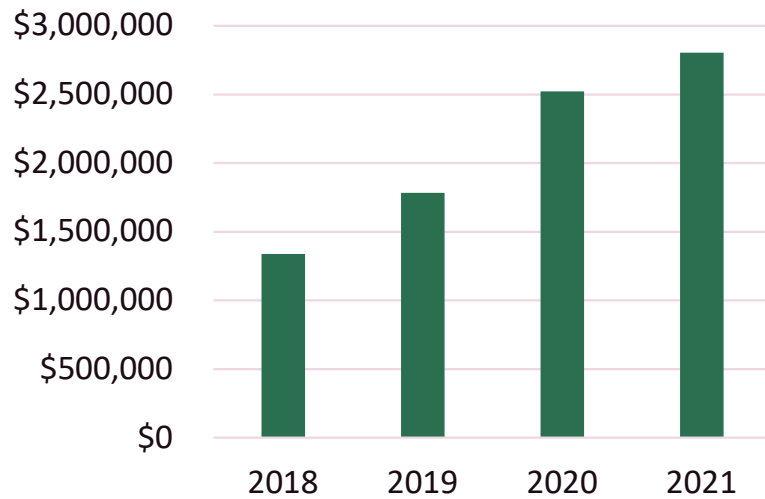


# Quarterly Key Pharmacy Benefit Metrics

## Consultant's Report

### Rebates and Clinical Savings Guarantee

**SJVIA Rebates**



Q1 2022 Estimated Rebate: \$642,132

**Clinical Savings Guarantee**  
1/1/2022 – 12/31/2022: \$1,000,000

Prorated Clinical Guarantee (Q1 2022)	\$250,000
Q1 2022 Estimated Clinical Savings	\$1,283,889



# Recommendations



# Variable Copay Assistance Program

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## DESCRIPTION

A cost containment solution that reduces high specialty costs by utilizing manufacturer copay cards.



Maximizes the available  
copay assistance



Protects the member  
from prohibitively  
high out-of-pocket costs



Reduces plan sponsor  
expenses with minimal  
member disruption

# Potential Savings for SJVIA

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<b>Annual Client Savings-Tulare 2022</b>	<b>Potential Savings: \$740,800</b> <b>Annual Cost: (\$54,106)</b> <b>Total Savings: \$686,694</b>
<b>Annual Client Savings-Fresno 2022</b>	<b>Potential Savings: \$1,396,867</b> <b>Annual Cost: (\$79,345)</b> <b>Total Savings: \$1,317,522</b>

**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item 11

**SUBJECT:** Receive and Accept Consultant's SJVIA Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of June 30, 2022 and Approve Funding to Maintain the Fully Funded Status of the IBNR Reserve (A)

**REQUEST(S):** That the Board receive the consultant's SJVIA Actuarially Certified IBNR report as of June 30, 2022 and approve an increase of \$405,270 to the IBNR reserve to maintain the fully funded status at \$8,855,820 and that the Board approve the \$405,270 be taken from the margin accumulation reserve and not be built into and funded from the Plan Year 2023 rates.

**DESCRIPTION:**

IBNR reserve calculates the outstanding liability for claims that have been incurred but have not yet been paid. The SJVIA Board has directed staff to maintain a fully funded IBNR reserve. The SJVIA IBNR reserve is calculated for each participating entity (the County of Fresno and the County of Tulare) and is based on actuarial models.

For the June 30, 2022 valuation date, the total IBNR reserve liability is \$8,855,820 for medical, prescription drugs, and dental. This is an increase of \$405,270 from the December 31, 2021 actuarially certified IBNR reserve of \$8,450,550.

**FISCAL IMPACT/FINANCING:**

The IBNR reserve liability for the self-funded medical, prescription drugs, and the dental PPO coverage program increased by \$405,270 from \$8,450,550 on the December 31, 2021 valuation date to \$8,855,820 on the June 30,

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** August 26, 2022

2022 valuation date. The June 30, 2022 valuation amount includes a 15% or \$1,155,104 margin reserve.

**ADMINISTRATIVE SIGN-OFF:**



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Hollis Magill  
SJVIA Manager



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Lupe Garza  
SJVIA Assistant Manager

**SJVIA - Actuarially Certified IBNR Reserve**

<b>County of Fresno</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 3,325,389	\$ 3,334,990	\$ 3,957,539	\$ 4,102,912	\$ 145,373	3.7%
Prescription Drug	\$ 740,407	\$ 737,472	\$ 776,854	\$ 804,747	\$ 27,893	3.6%
Dental	\$ 132,558	\$ 166,433	\$ 139,878	\$ 168,628	\$ 28,750	20.6%
<b>Total</b>	<b>\$ 4,198,354</b>	<b>\$ 4,238,895</b>	<b>\$ 4,874,271</b>	<b>\$ 5,076,287</b>	<b>\$ 202,016</b>	<b>4.1%</b>
<b>County of Tulare</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 1,446,034	\$ 1,560,587	\$ 1,905,848	\$ 1,983,767	\$ 77,919	4.1%
Prescription Drug	\$ 473,222	\$ 469,116	\$ 508,607	\$ 572,656	\$ 64,049	12.6%
Dental	\$ 55,685	\$ 62,724	\$ 59,576	\$ 68,006	\$ 8,430	14.1%
<b>Total</b>	<b>\$ 1,974,941</b>	<b>\$ 2,092,427</b>	<b>\$ 2,474,031</b>	<b>\$ 2,624,429</b>	<b>\$ 150,398</b>	<b>6.1%</b>
<b>SJVIA</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 4,771,423	\$ 4,895,577	\$ 5,863,387	\$ 6,086,679	\$ 223,292	3.8%
Prescription Drug	\$ 1,213,629	\$ 1,206,588	\$ 1,285,461	\$ 1,377,403	\$ 91,942	7.2%
Dental	\$ 188,243	\$ 229,157	\$ 199,454	\$ 236,634	\$ 37,180	18.6%
<b>Total</b>	<b>\$ 6,173,295</b>	<b>\$ 6,331,322</b>	<b>\$ 7,348,302</b>	<b>\$ 7,700,716</b>	<b>\$ 352,414</b>	<b>4.8%</b>

**SJVIA - Actuarially Certified IBNR Reserve with 15%**

<b>County of Fresno</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 3,824,200	\$ 3,835,240	\$ 4,551,170	\$ 4,718,350	\$ 167,180	3.7%
Prescription Drug	\$ 851,470	\$ 848,090	\$ 893,380	\$ 925,460	\$ 32,080	3.6%
Dental	\$ 152,440	\$ 191,400	\$ 160,860	\$ 193,920	\$ 33,060	20.6%
<b>Total</b>	<b>\$ 4,828,110</b>	<b>\$ 4,874,730</b>	<b>\$ 5,605,410</b>	<b>\$ 5,837,730</b>	<b>\$ 232,320</b>	<b>4.1%</b>
<b>County of Tulare</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 1,662,940	\$ 1,794,680	\$ 2,191,730	\$ 2,281,330	\$ 89,600	4.1%
Prescription Drug	\$ 544,210	\$ 539,480	\$ 584,900	\$ 658,550	\$ 73,650	12.6%
Dental	\$ 64,040	\$ 72,130	\$ 68,510	\$ 78,210	\$ 9,700	14.2%
<b>Total</b>	<b>\$ 2,271,190</b>	<b>\$ 2,406,290</b>	<b>\$ 2,845,140</b>	<b>\$ 3,018,090</b>	<b>\$ 172,950</b>	<b>6.1%</b>
<b>SJVIA</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
Medical	\$ 5,487,140	\$ 5,629,920	\$ 6,742,900	\$ 6,999,680	\$ 256,780	3.8%
Prescription Drug	\$ 1,395,680	\$ 1,387,570	\$ 1,478,280	\$ 1,584,010	\$ 105,730	7.2%
Dental	\$ 216,480	\$ 263,530	\$ 229,370	\$ 272,130	\$ 42,760	18.6%
<b>Total</b>	<b>\$ 7,099,300</b>	<b>\$ 7,281,020</b>	<b>\$ 8,450,550</b>	<b>\$ 8,855,820</b>	<b>\$ 405,270</b>	<b>4.8%</b>
<b>SJVIA</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/21</b>	<b>06/30/22</b>	<b>\$ Difference</b>	<b>% Difference</b>
<b>Total Margin</b>	<b>\$ 926,005</b>	<b>\$ 949,698</b>	<b>\$ 1,102,248</b>	<b>\$ 1,155,104</b>	<b>\$ 52,856</b>	<b>4.8%</b>





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 www.keenan.com  
 License No. 0451271

August 8, 2022

Mr. Mario Cabrera  
 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, 2022**

Dear Mario:

We have estimated the “Incurred But Not Reported” (IBNR) claims reserves for the self-funded medical, prescription drug and dental plans for County of Fresno as of June 30, 2022.

**CLAIM EXPERIENCE – JULY 1, 2021 TO JUNE 30, 2022**

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	Per Employee Per Month (PEPM)
Medical	\$37,303,529	3870	\$803.26
Prescription Drug	\$13,412,452	3870	\$288.81
Dental	\$2,773,103	4645	\$49.75
<b>Total</b>	<b>\$53,489,084</b>	<b>N/A</b>	<b>\$1,141.82</b>

**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 Bornhuetter-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 2022	Reserves on 06/30/2022
Medical	3861	\$4,102,912
Prescription Drug	3861	\$804,747
Dental	4611	\$168,628
<b>Total</b>	<b>N/A</b>	<b>\$5,076,288</b>

**ESTIMATED IBNR RESERVES AS OF JUNE 30, 2022**

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 on 06/30/2022	Adjustment Factor	IBNR on 06/30/2022
Medical	\$4,102,912	1.15	\$4,718,350
Prescription Drug	\$804,747	1.15	\$925,460
Dental	\$168,628	1.15	\$193,920
<b>Total</b>	<b>\$5,076,288</b>	<b>1.15</b>	<b>\$5,837,730</b>

**CERTIFICATION**

The costs, liabilities and other factors under the plan were determined in accordance with generally accepted actuarial principles and procedures. The IBNR reserve calculations reported herein are consistent with our understanding of the Bornhuetter-Ferguson actuarial method. The actuarial assumptions are reasonable and represent our best estimate of the anticipated experience under the plan.

The undersigned credentialed actuary meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this report.

Sincerely,



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



Arthur Ternersesian  
Underwriting Director



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August 8, 2022

Mr. Mario Cabrera  
 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, 2022**

Dear Mario:

We have estimated the “Incurred But Not Reported” (IBNR) claims reserves for the self-funded medical, prescription drug and dental plans for County of Tulare as of June 30, 2022.

**CLAIM EXPERIENCE – JULY 1, 2021 TO JUNE 30, 2022**

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	Per Employee Per Month (PEPM)
Medical	\$18,203,122	2950	\$514.21
Prescription Drug	\$9,544,262	2950	\$269.61
Dental	\$1,152,275	2628	\$36.54
<b>Total</b>	<b>\$28,899,659</b>	<b>N/A</b>	<b>\$820.36</b>

**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 Bornhuetter-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 2022	Reserves on 06/30/2022
Medical	2983	\$1,983,767
Prescription Drug	2983	\$572,656
Dental	2632	\$68,006
<b>Total</b>	<b>N/A</b>	<b>\$2,624,428</b>

**ESTIMATED IBNR RESERVES AS OF JUNE 30, 2022**

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:

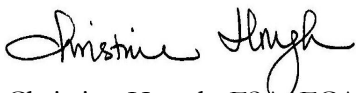
Coverage	Reserves on 06/30/2022	Adjustment Factor	IBNR on 06/30/2022
Medical	\$1,983,767	1.15	\$2,281,330
Prescription Drug	\$572,656	1.15	\$658,550
Dental	\$68,006	1.15	\$78,210
<b>Total</b>	<b>\$2,624,428</b>	<b>1.15</b>	<b>\$3,018,090</b>

**CERTIFICATION**

The costs, liabilities and other factors under the plan were determined in accordance with generally accepted actuarial principles and procedures. The IBNR reserve calculations reported herein are consistent with our understanding of the Bornhuetter-Ferguson actuarial method. The actuarial assumptions are reasonable and represent our best estimate of the anticipated experience under the plan.

The undersigned credentialed actuary meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this report.

Sincerely,



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



Arthur Ternersesian  
Underwriting Director



**BOARD OF DIRECTORS**

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item 12

**SUBJECT:** Receive Report from Anthem Blue Cross on Provider Access within the County of Tulare and County of Fresno (I)

**REQUEST(S):** That the Board receive the Anthem Blue Cross report on provider access within the County of Tulare and County of Fresno.

**DESCRIPTION:**

Under the direction of the SJVIA Board, Anthem was asked to prepare a presentation outlining Anthem's network of providers, provider negotiations, and access to care.

**FISCAL IMPACT/FINANCING:**

None

**ADMINISTRATIVE SIGN-OFF:**

A handwritten signature in black ink that reads "Hollis Magill".

Hollis Magill  
SJVIA Manager

A handwritten signature in black ink that reads "Lupe Garza".

Lupe Garza  
SJVIA Assistant Manager

# SJVIA: Access to Care

San Joaquin Valley Insurance Authority  
Network Review

August 2022



# Network Value to SJVIA



**94.7%**

In-Network Paid %

**59.5%**

In-Network Discount %

Based on the geographic distribution of employees, Anthem has a **63%** cost of care advantage over the closest competitor

We are proud to focus on

**Total Care\*\***

**33.8%**

of Members with TC Relationship

**60%\***

of Total Dollars flow through value-based Contracts

Which equates to savings of

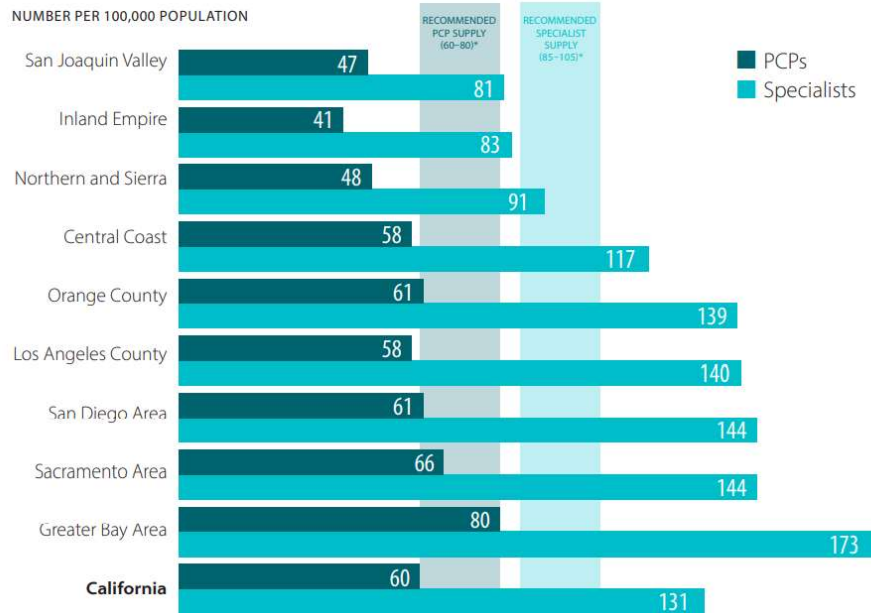
**\$30m**

\*Anthem book of business

\*\*Total Care Providers work under value-based payments and are held responsible for coordinating high-quality, cost-effective care.

# Access Statistics by County

## Primary Care Physicians and Specialists, by Region California, 2020



- Greater San Joaquin Valley falls below access recommendations, according to the California Physician's Almanac.



## Anthem Blue Cross Provider Counts for County of Tulare

Primary Care Physicians	Internist	OB/GYN	Pediatrician	MH/SA Providers	Other Specialist Providers	Urgent Care Facilities	Outpatient Facility	MH/SA Facility	Hospitals
354	318	93	170	187	1215	6	1	1	5

## Anthem Blue Cross Provider Counts for County of Fresno

Primary Care Physicians	Internist	OB/GYN	Pediatrician	MH/SA Providers	Other Specialist Providers	Urgent Care Facilities	Outpatient Facility	MH/SA Facility	Hospitals
616	977	188	386	381	4106	21	3	6	11

# Count of Provider Class by Specialty

Tulare County Provider Types	# of Providers
ACUTE PSYCHIATRIC HOSPITAL	1
Acute/General Hospital	4
Ambulatory Surgery Center, Free Standing	9
Applied Behavior Analysis Group	3
Behavioral Health - Group/Practice	26
Hemodialysis Center, Freestanding	7
Home Health Agency, Hospital-based	1
Home Infusion Therapy	2
HOSPICE	3
INDEPENDENT LAB	719
Medical Group	722
MEDICAL SPECIALIST	1054
OTHER PROFESSIONAL SPECIALIST	614
OUTPATIENT PSYCHIATRIC FACILITY	1
PB DIAG IMAGING CNTR	6
PCP	806
Physical Rehabilitation Hospital, Inpatient	1
Primary Care - Group/Practice	1
Rural Health Clinic, Free Standing	1
Rural Health Clinic, Physician Based	3
Skilled Nursing Facility, Freestanding	13
Skilled Nursing Facility, Hospital-based	2
State Agency, Medicaid or HIPD Provider	1
Supplier - Durable Medical Equipment	271
Supplier - Orthotics & Prosthetics	2
Veterans Administration Professional Provider	2
Grand Total	4275

Fresno County Provider Type	# of Providers
ACUTE PSYCHIATRIC HOSPITAL	1
Acute/General Hospital	17
Adult Family Care Homes	1
Ambulatory Surgery Center, Free Standing	22
Applied Behavior Analysis Group	14
Behavioral Health - Group/Practice	82
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	2
Hemodialysis Center, Freestanding	21
Home Health Agency, Free Standing	18
Home Health Agency, Hospital-based	4
Home Infusion Therapy	1
HOSPICE	7
INDEPENDENT LAB	143
Medical Group	2453
MEDICAL SPECIALIST	4552
OPTOMETRY - Group/Practice	1
OTHER PROFESSIONAL SPECIALIST	2240
OUTPATIENT PSYCHIATRIC FACILITY	2
PB CLINICAL LAB	3
PB DIAG IMAGING CNTR	12
PCP	2679
PHARMACY	1
Psychiatric Health Facility	1
RESIDENTIAL TREATMENT CENTER	5
RETAIL HEALTH CLINIC	1
Rural Health Clinic, Physician Based	3
Skilled Nursing Facility, Freestanding	25
Skilled Nursing Facility, Hospital-based	2
Sleep Study Laboratory	2
State Agency, Medicaid or HIPD Provider	66
Supplier - Durable Medical Equipment	285
Supplier - Orthotics & Prosthetics	6
Urgent Care Medical Clinic	4
Veterans Administration Hospital	1
Veterans Administration Professional Provider	7
Grand Total	12684

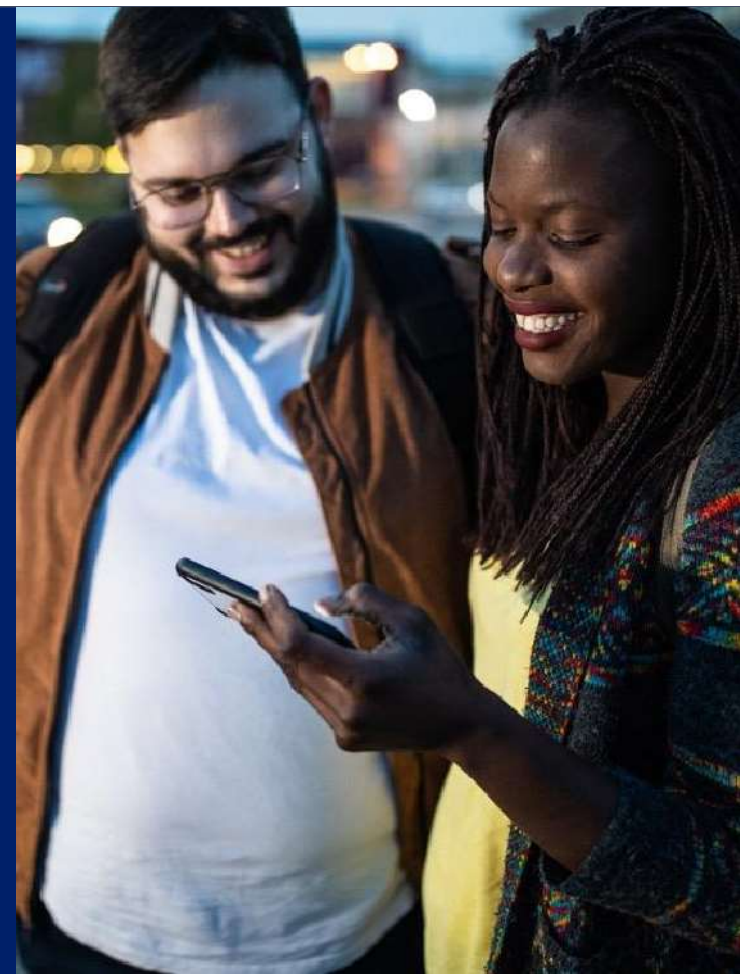
# Hospital Contract Review by County

Column1	Column2
County of Tulare: Major Hospitals	Lapse in coverage?
ADVENTIST HEALTH - Including satellite campuses.	No
SIERRA VIEW DISTRICT HOSPITAL	No
KAWEAH DELTA MEDICAL CENTER - Including satellite campuses.	No

County of Fresno: Hospitals	Lapse in coverage?
SELMA COMMUNITY HOSPITAL	No
SAINT AGNES MEDICAL CENTER FRESNO - Including satellite campuses.	No
FRESNO SURGICAL HOSPITAL	No
COMMUNITY REGIONAL MEDICAL CENTERS - Including satellite campuses.	No
ADVENTIST HEALTH - Including satellite campuses.	No
COALINGA MEDICAL CENTER	No
CORONA REGIONAL MEDICAL CENTER	No

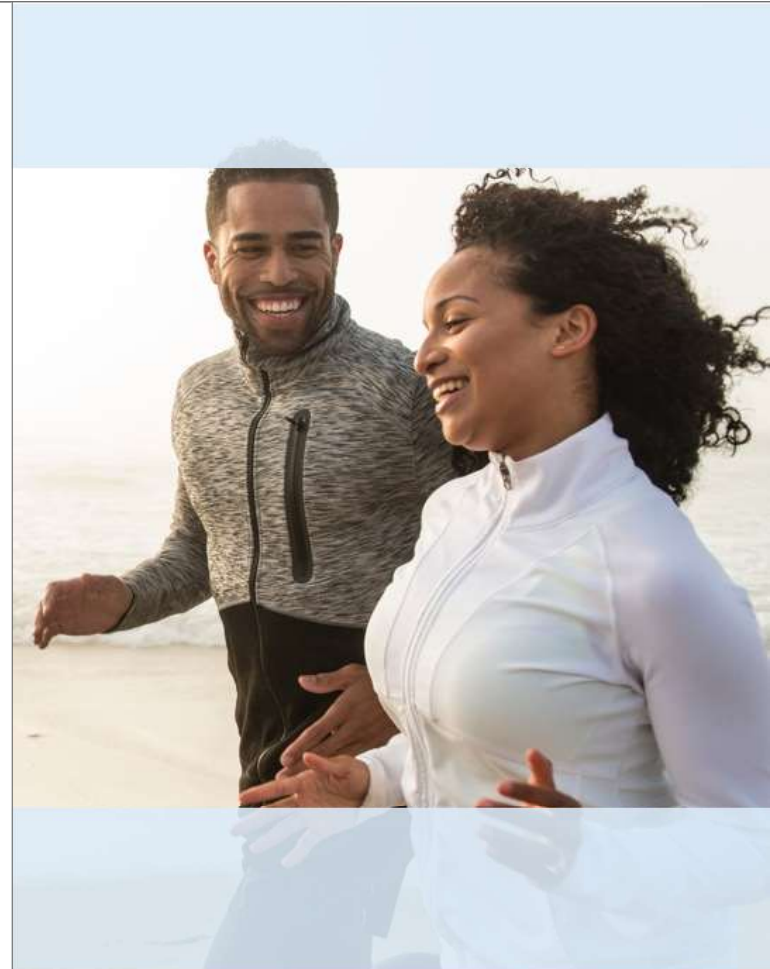
# Anthem Insights

- Plan Design Consideration
- Virtual Primary Care



# Plan Design Considerations

- Adding in specific language to allow members to see an out of network provider at the in network benefit level when a network provider isn't available within 15 miles of their home.
- Adding in Virtual Primary Care



# SJVIA: Virtual Primary Care at no/low cost\*



**Comprehensive primary care for overall health.** With the Sydney Health app, employees can meet their dedicated care team who will understand their health goals and create interactive care plans to manage their overall health and chronic conditions. As a health advisor in their pocket, the care team is also available for your employee's common health questions.



**On-demand care at low or no cost.** With the Sydney Health app, your employees can visit with a doctor 24/7, on-demand, with no appointment needed, and address day-to-day needs like prescription refills. With affordable cost and improved accessibility, more people can get the right care at the right time.



**Empowered by personalized experiences.** Your employees will receive personalized insights and recommendations to make more-informed decisions about their health. These insights are based on millions of medical records of people like them. In addition, we build your employees their own unique health blueprint, helping doctors provide continuity of care across your employees' healthcare journeys.

\*Powered by K Health.

# 24/7 access to doctors

The doctor chat feature gives your employees control over their health with on-demand access to quality care for primary, preventive, and urgent care needs.

## Powered by our partnership with K Health



Connect with a doctor within 15 minutes – no appointment needed



Available nationwide



Text-based, with video and voice if needed



No or low cost, depending on health plan



Available 24 hours a day, 7 days a week, 365 days a year



Preventive care, including wellness visits and establishing care plans with a doctor

**85%** of visits resolve the member's need.\*

They don't have to go to a doctor's office in person.

**Thank you for  
allowing us to be your  
trusted healthcare partner.**

**We look forward to our continued  
collaboration as we confidently develop  
forward-thinking solutions to accomplish  
your goals.**

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**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item 13

**SUBJECT:** Receive Consultant's Report on the Marketing for a Plan Administrator and Pharmacy Benefits Manager for the Self-Funded Medical and Prescription Drug Plans for Plan Year 2023 and Approve Staff Recommendation to Renew Plan Administration Services and Pharmacy Benefit Manager Services with the Incumbents Anthem Blue Cross and EmpiRx Health (A)

**REQUEST(S):** That the Board receive the consultant's report on administrative services marketing for self-funded medical and pharmacy plans for PY 2023 and approve staff recommendation to renew with the incumbents Anthem Blue Cross and EmpiRx Health.

**DESCRIPTION:**

Under the direction of the SJVIA Board, Keenan prepared an RFP to secure the following services for the SJVIA's self-funded medical and prescription drug program:

- Medical: Administrative Services Contract Only (ASC or ASO) or Third-Party Administration (TPA)
- Medical: Preferred Provider Organization (PPO) network
- Prescription Drug (Rx): Pharmacy Benefits Manager (PBM)

The responses from the vendors were thorough and competitive. Keenan and SJVIA staff carefully reviewed each proposal, finalist interviews were conducted, and the following factors were considered: impact on members (disruption analysis), EPO/PPO network strength, PBM rebate guarantees, PBM discount evaluation, reference checks, and pricing,

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** August 26, 2022

After careful consideration, SJVIA staff and Keenan recommend the SJVIA enter into agreements with the following vendors for Plan Year 2023:

- Medical EPO/PPO provider Network: Anthem Blue Cross
- Medical Administrative Services: Anthem Blue Cross
- Pharmacy Benefit Manager: EmpiRx

The only change recommended is the elimination of IngenioRx as the PBM for the SJVIA's high deductible health plans (HDHPs). EmpiRx would provide the services to the HDHPs as well.

**FISCAL IMPACT/FINANCING:**

To be determined.

**ADMINISTRATIVE SIGN-OFF:**



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Hollis Magill  
SJVIA Manager



---

Lupe Garza  
SJVIA Assistant Manager

July 22, 2022

**RE: San Joaquin Valley Insurance Authority (SJVIA)  
Medical and Prescription Drug (Rx) Request for Proposal (RFP) Final Report**

Under the direction of the SJVIA Board, Keenan prepared an RFP to secure the following services:

**Services Requested for the SJVIA's Self-Funded Medical and Prescription Drug Program**

- Medical: Administrative Services Contract Only (ASC or ASO) or Third-Party Administration (TPA)
- Medical: Preferred Provider Organization (PPO) network
- Prescription Drug (Rx): Pharmacy Benefits Manager (PBM)

**Contract Term**

- Medical: An initial period of three (3) years, followed by annual renewals
- Prescription Drug: An initial period of three (3) years, followed by another three (3) year optional renewal
- Note: The SJVIA reserves the right to end the contract period for cause at any point in time, or without cause based on mutual agreement between the SJVIA and the Vendor

**Effective Date of Coverage**

- SJVIA County of Tulare: January 1, 2023
- SJVIA County of Fresno: January 1, 2023 for some covered members, and December 12, 2022 for the balance of Fresno County

Keenan invited the following vendors to submit proposals:

**Medical ASO/ASC/TPA Vendors**

Aetna  
Anthem  
Blue Shield of CA  
United HealthCare  
Compass Health Administrators  
Delta Health Systems  
HealthComp  
Pinnacle

**Prescription Drug PBM Vendors**

Aetna (CVS)  
IngenioRx (Anthem)  
Blue Shield of CA  
Optum Rx  
EmpiRx  
ExpressScripts  
IPM  
MedImpact

All vendors submitted proposals except for MedImpact. OptumRx submitted a proposal through UHC.

## Recommendation

The responses from the vendors were thorough and competitive. Each vendor is to be thanked for their participation in the process and for their time and effort given to respond to this RFP. After careful review of each proposal, impact on members (disruption analysis), EPO/PPO network strength, PBM rebate guarantees, PBM discount evaluation, reference checks, vendor interviews, and pricing, SJVIA staff and Keenan request the SJVIA Board approve the recommendation to contract with the following vendors:

**Medical EPO/PPO provider Network:** Anthem Blue Cross

**Medical Administrative Services:** Anthem Blue Cross

**Pharmacy Benefit Manager:** EmpiRx

The only change recommended is the elimination of IngenioRx as the PBM for the SJVIA's high deductible health plans (HDHPs). EmpiRx would provide the services to the HDHPs as well.

## EVALUATION OF PROPOSALS

SJVIA staff and Keenan undertook a three-phase review process to evaluate the vendors:

### PHASE ONE - PRELIMINARY REVIEW PROCESS

Proposals were reviewed to determine:

- (a) completeness of required documentation,
- (b) compliance with the SJVIA's administrative and general contracting requirements, and
- (c) ability to meet the minimum requirements outlined in this RFP.

Proposers who failed to submit or complete the required documentation, failed to satisfactorily comply with the SJVIA's general contracting requirements, or failed to meet the SJVIA's minimum requirements were deemed non-responsive, eliminated from further consideration, and did not proceed to the Level Two review process. Proposers were notified in writing or email regarding the results of the Level One review.

In the preliminary review phase only Drexii, a PBM quoted through Delta Health Systems was eliminated.

### PHASE TWO - REVIEW CRITERIA AND EVALUATION PROCESS

Keenan evaluated and scored the technical competence of all proposals and generated findings for the SJVIA.

Review Criteria - All written responses to the RFP questionnaire were considered and evaluated.

Evaluation Process – The SJVIA's evaluation process included the following:

- A review by SJVIA staff of the SJVIA consultant's report and recommendation.
- In rating vendors, Keenan reviewed RFP responses from each Proposer.
- Evaluation Methodology – Quantitative and qualitative methods were applied to evaluate each Proposer's Response.

- Quantitative analysis were applied to these selection criteria:
  - Access to Care/Network
  - Member Disruption
  - Cost Proposal
  - Plan Design
- Qualitative analysis were applied to these selection criteria:
  - Organizational Strength and Plan Sponsor Services
  - Administration Support and Account Management
  - Member Quality of Care, Resources, and Service

As presented at the May 6, 2022 SJVIA Board Meeting, Keenan reported the Quantitative analysis for:

- Access to Care/Network
- Member Disruption

And, Qualitative analysis (Questionnaire and content responses to RFP) for:

- Organizational Strength and Plan Sponsor Services
- Administration Support and Account Management
- Member Quality of Care, Resources, and Service

This final report will provide Quantitative analysis for:

- Overall proposed cost
- Performance guarantees
- Plan design

### PHASE THREE - SELECTION OF FINALISTS, REFERENCE CHECKS, INTERVIEWS

Keenan conducted reference checks on all qualifying vendors (four carriers, four TPAs, and three PBMs). All references provided positive endorsements.

The RFP process was competitive for all vendors, as each demonstrated areas of strength and some deficiencies. Based on Phase One, Phase Two and Phase Three reference checks, SJVIA staff and Keenan conducted finalist interviews with:

- Anthem Blue Cross
- Blue Shield of California
- CVS Aetna
- HealthComp
- EmpiRx (PBM)
- Integrated Pharmacy Management (PBM)

Based on Keenan's analysis and reporting, reference checks, and finalist interviews, SJVIA staff and Keenan made the vendor recommendations. Should the SJVIA Board have any questions regarding this report, SJVIA staff and Keenan are happy to respond.

Sincerely,

A handwritten signature in blue ink that reads "Bordan Darm". The signature is fluid and cursive, with the first name being more prominent.

Bordan Darm  
Vice President  
AP Keenan

**Questionnaire** – The following chart summarizes the scoring of each vendor from the Questionnaire. Scoring was done on a 1-3 point basis (3 being the best).

<b>SJVIA Questionnaire Evaluation Summary</b>		<b>Aetna</b>	<b>UMR</b>	<b>Anthem</b>	<b>Blue Shield</b>	<b>Compass</b>	<b>HealthComp</b>	<b>Pinnacle</b>	<b>DHS</b>	<b>Express Scripts</b>	<b>EmpiRx</b>	<b>IPM</b>
<b>Question #</b>	<b>GENERAL INFORMATION (1-12 NOT RATED)</b>											
1-5a	General Information											
5b-12	Required Documentation & Disclosure											
<b>ORGANIZATIONAL STRENGTH AND PLAN SPONSOR SERVICES (10%)</b>		<b>1.98</b>	<b>2.00</b>	<b>2.03</b>	<b>2.03</b>	<b>2.00</b>	<b>1.95</b>	<b>1.98</b>	<b>1.98</b>	<b>2.03</b>	<b>1.95</b>	<b>1.98</b>
13-18	Background	2.00	2.00	2.00	2.00	2.00	1.80	2.00	2.00	2.00	1.90	1.90
19-21	Contractual Issues	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
22-27	Firm Experience	1.90	2.00	2.10	2.10	2.00	2.00	1.90	1.90	2.10	1.90	2.00
28-33	Regulatory and Compliance	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>ADMINISTRATION SUPPORT AND ACCOUNT MANAGEMENT (15%)</b>		<b>2.02</b>	<b>2.00</b>	<b>2.02</b>	<b>2.07</b>	<b>2.00</b>	<b>1.98</b>	<b>2.00</b>	<b>2.02</b>	<b>1.97</b>	<b>2.02</b>	<b>2.00</b>
34-36	Implementation	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
37-40	Claims Processing	2.10	2.00	2.20	2.30	2.00	2.00	1.90	2.00	2.00	2.00	2.00
41-51	Billing	2.00	2.00	2.00	2.00	2.00	1.90	2.00	2.00	2.00	2.00	2.00
52-57	Plan Sponsor Services	2.00	2.00	2.00	2.00	1.90	1.90	2.00	2.00	1.90	2.00	1.90
58-59	Call Center Administration	2.00	2.00	2.00	2.10	2.10	2.10	2.10	2.10	1.90	2.10	2.10
60-67	Systems and Cybersecurity	2.00	2.00	1.90	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>MEMBER QUALITY OF CARE, RESOURCES, AND SERVICES (15%)</b>		<b>1.98</b>	<b>2.00</b>	<b>1.96</b>	<b>2.00</b>	<b>2.00</b>	<b>2.01</b>	<b>2.02</b>	<b>2.02</b>	<b>1.88</b>	<b>2.03</b>	<b>2.02</b>
68-69	Enrollment	2.00	2.00	2.00	2.00	2.10	2.10	2.10	2.10	2.20	2.20	2.20
70-74	Call Center Member Services	1.80	2.00	1.80	2.00	2.10	2.10	2.10	2.10	2.10	2.10	2.10
75-78	Customer Service and Quality Control	2.00	2.00	1.90	2.00	1.90	1.90	2.00	2.00	1.00	2.00	1.90
79-83	Grievances and Appeals	2.00	2.00	1.90	2.00	2.00	2.00	2.00	2.00	1.50	2.00	2.00
84-85	Member Advocacy and Support Services	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
89-92	Quality Measurement Standards	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
93-95	Online Resources	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
96-101	Wellness Resources	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
102-104	Condition Management Resources	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
105-106	Miscellaneous Services	2.00	2.00	2.00	2.00	1.90	2.00	2.00	2.00	2.00	2.00	2.00
<b>ACCESS TO CARE/NETWORK (30%)</b>		<b>2.00</b>	<b>1.95</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>
107-108	Provider Groups, Networks, and Geographic Access	2.00	1.90	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
109-110	Emergency and Urgent Care Access & Extended Hours	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>COST PROPOSAL AND PLAN DESIGN (30%)</b>		<b>2.05</b>	<b>1.98</b>	<b>2.00</b>	<b>2.03</b>	<b>2.03</b>	<b>2.00</b>	<b>2.00</b>	<b>2.03</b>	<b>2.00</b>	<b>1.98</b>	<b>2.00</b>
111-112	Premium Costs and Fee Commitments	2.00	1.90	2.00	2.00	2.00	1.90	2.00	2.00	2.00	1.90	2.00
113-117	Provider Reimbursements and Discounts	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
118-120	Hospital and Outpatient Facility Charges	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
121-122	Fee Guarantees and/or Fee Caps	2.20	2.00	2.00	2.10	2.10	2.10	2.00	2.10	2.00	2.00	2.00
<b>Total Summary (100%)</b>		<b>2.012</b>	<b>1.978</b>	<b>1.999</b>	<b>2.020</b>	<b>2.008</b>	<b>1.994</b>	<b>2.001</b>	<b>2.011</b>	<b>1.980</b>	<b>1.995</b>	<b>2.001</b>
13-125	Total All Rated Questions	52.00	51.80	51.80	52.60	52.10	51.80	52.10	52.30	50.70	52.10	52.10

Based on the results of the questionnaire, all vendors responded favorably.

**GeoAccess –**

Four PPO networks are being considered for the SJVIA. Anthem Blue Cross PPO network, Aetna PPO network, Blue Shield of CA PPO network, and UHC (UMR) PPO network. We asked the carriers to show the number of providers and facilities available by each zip code in each County and outside of the two Counties based on where members live. The following Chart summarizes the number of providers and facilities in each County.

<b>Anthem</b>	<b>Employees</b>	<b>Primary Care</b>	<b>Internist</b>	<b>OB/GYN</b>	<b>Pediatrician</b>	<b>MH/SA Providers</b>	<b>Other Specialist</b>	<b>Urgent Care Facilities</b>	<b>Outpatient Facility</b>	<b>MH/SA Facility</b>	<b>Hospitals</b>
Fresno	6,193	616	977	188	386	381	4,106	21	3	6	11
Tulare	3,374	288	301	77	155	172	1,083	6	1	1	4
All Other	516	2,227	3,243	859	1,222	4,792	16,506	118	38	64	62
<b>Total</b>	<b>10,083</b>	<b>3,131</b>	<b>4,521</b>	<b>1,124</b>	<b>1,763</b>	<b>5,345</b>	<b>21,695</b>	<b>145</b>	<b>42</b>	<b>71</b>	<b>77</b>
<b>Blue Shield</b>	<b>Employees</b>	<b>Primary Care</b>	<b>Internist</b>	<b>OB/GYN</b>	<b>Pediatrician</b>	<b>MH/SA Providers</b>	<b>Other Specialist</b>	<b>Urgent Care Facilities</b>	<b>Outpatient Facility</b>	<b>MH/SA Facility</b>	<b>Hospitals</b>
Fresno	6,193	276	630	117	190	285	2,110	18	33	10	11
Tulare	3,374	136	225	44	71	74	759	9	14	2	4
All Other	516	498	472	461	464	487	492	128	485	117	124
<b>Total</b>	<b>10,083</b>	<b>910</b>	<b>1,327</b>	<b>622</b>	<b>725</b>	<b>846</b>	<b>3,361</b>	<b>155</b>	<b>532</b>	<b>129</b>	<b>139</b>
<b>Aetna CPII</b>	<b>Employees</b>	<b>Primary Care</b>	<b>Internist</b>	<b>OB/GYN</b>	<b>Pediatrician</b>	<b>MH/SA Providers</b>	<b>Other Specialist</b>	<b>Urgent Care Facilities</b>	<b>Outpatient Facility</b>	<b>MH/SA Facility</b>	<b>Hospitals</b>
Fresno	6,193	948	528	157	355	273	5,382	23	2	5	18
Tulare	3,374	467	231	65	137	126	1,800	8	1	4	9
All Other	516	4,236	2,376	1,009	1,619	2,176	28,014	280	14	14	93
<b>Total</b>	<b>10,083</b>	<b>5,651</b>	<b>3,135</b>	<b>1,231</b>	<b>2,111</b>	<b>2,575</b>	<b>35,196</b>	<b>311</b>	<b>17</b>	<b>23</b>	<b>120</b>
<b>UHC</b>	<b>Employees</b>	<b>Primary Care</b>	<b>Internist</b>	<b>OB/GYN</b>	<b>Pediatrician</b>	<b>MH/SA Providers</b>	<b>Other Specialist</b>	<b>Urgent Care Facilities</b>	<b>Outpatient Facility</b>	<b>MH/SA Facility</b>	<b>Hospitals</b>
Fresno	6,193	709	1,643	270	454	866	2,739	19	42	10	7
Tulare	3,374	380	401	108	206	720	892	10	17	3	4
All Other	516	2,828	4,560	1,158	1,686	4,019	11,528	116	199	48	55
<b>Total</b>	<b>10,083</b>	<b>3,917</b>	<b>6,604</b>	<b>1,536</b>	<b>2,346</b>	<b>5,605</b>	<b>15,159</b>	<b>145</b>	<b>258</b>	<b>61</b>	<b>66</b>

Based on the GeoAccess report, all four carriers provide adequate coverage to cover the required SJVIA areas.



### PPO/EPO In-Network Disruption –

Keenan had each carrier reprice and determine whether the provider was in-network or out-of-network for all 2021 medical charges. This included 385,235 claims valued at \$161,629,455 in medical charges. The following chart illustrates the results:

Disruption Summary	Charges		Provider Encounters	
	In-Network	Out-Network	In-Network	Out-Network
Anthem	93.3%	6.7%	88.3%	11.7%
Blue Shield	97.4%	2.6%	95.2%	4.8%
Aetna CPIX	94.8%	5.2%	89.2%	10.8%
UMR	95.2%	4.8%	95.0%	5.0%

Disruption Summary	Charges		Provider Encounters	
	In-Network	Out-Network	In-Network	Out-Network
Anthem	\$ 156,329,937	\$ 5,299,518	339,989	45,246
Blue Shield	\$ 157,384,399	\$ 4,245,056	366,664	18,571
Aetna CPIX	\$ 153,176,298	\$ 8,453,157	343,587	41,648
UMR	\$ 153,805,826	\$ 7,823,629	365,960	19,275

All four carriers provide strong in-network coverage. Having in-network coverage in the 93% to 97% range is acceptable.

### PPO/EPO Network Discount Analysis –

Keenan had each carrier reprice 2021 eligible medical charges to determine each carrier’s average in-network PPO/EPO discount. Each carrier reported the following discounts:

SJVIA EPO/PPO Network Discount Analysis - Summary				
PPO	Anthem	Blue Shield	Aetna	UMR
<b>In-Network</b>				
IP Facility	62.3%	58.5%	63.0%	55.7%
OP Facility	70.8%	67.0%	64.4%	67.9%
Professional	63.5%	60.4%	57.7%	57.2%
Total	66.3%	62.9%	61.8%	61.3%

All carriers had in-network discounts above 60%. Anthem slightly outperformed the others with a 66.3% in-network discount.

### Strength of PPO/EPO Network –

Based on the Disruption and Discount analysis, Keenan was able to complete a strength of network analysis. Out-of-network claims were treated equal among the carriers assuming each utilized a similar usual and customary value.

PPO/EPO Network Strength Analysis	Anthem	Blue Shield	Aetna	UMR
Total Billed Charges	\$161,629,455	\$161,629,455	\$161,629,455	\$161,629,455
In-Network Utilization	93.3%	97.4%	94.8%	95.2%
In-Network Charges	\$150,801,196	\$157,384,399	\$153,176,298	\$153,805,826
In-Network Discount	66.3%	62.9%	61.8%	61.3%
Total In-Network Discount	\$100,041,512	\$98,951,451	\$94,658,059	\$94,338,911
<b>Total Net In-Network Charges</b>	<b>\$50,759,684</b>	<b>\$58,432,948</b>	<b>\$58,518,239</b>	<b>\$59,466,914</b>
Out of Network Utilization	6.7%	2.6%	5.2%	4.8%
Out of Network Charges	\$10,828,259	\$4,245,056	\$8,453,157	\$7,823,629
Out of Network Discount	22.3%	22.3%	22.3%	22.3%
Total Out of Network Discount	\$2,416,016	\$947,163	\$1,886,080	\$1,745,619
<b>Total Net Out of Network Charges</b>	<b>\$8,412,243</b>	<b>\$3,297,893</b>	<b>\$6,567,077</b>	<b>\$6,078,011</b>
<b>Total Charges</b>	<b>\$59,171,927</b>	<b>\$61,730,841</b>	<b>\$65,085,316</b>	<b>\$65,544,925</b>
\$ Difference		\$2,558,914	\$5,913,389	\$6,372,998
% Difference		4.3%	10.0%	10.8%

Anthem has a 4.3% (\$2.5 million) claim cost advantage over Blue Shield and 10.0% to 10.8% (\$5.9 to \$6.3 million) advantage over Aetna and UMR.

### Prescription Drug Evaluation – Disruption Analysis

Currently SJVIA utilizes EmpiRx for PPO/EPO and Anthem IngenioRx for HDHP prescription drug benefit administration. Seven different PBMs bid on the SJVIA. Based on 2021 data (46,239 drug transactions), EmpiRx would minimize disruption by only having 180 drug transactions negatively impact SJVIA covered members. CVS Aetna came in second with 697 drug transactions with only 53 excluded transactions.

SJVIA Prescription Drug Disruption Analysis							
# of Drugs	Anthem IngenioRx	Blue Shield	CVS Aetna	UHC/UMR OptumRx	EmpiRx	IPM	ESI
<b>EPO/PPO # of Drugs</b>							
No Change	36,248	31,793	37,580	35,012	38,639	37,452	36,852
Positive Change	209	1,488	374	139	0	8	79
Negative Change	2,124	3,728	639	1,606	0	53	461
Excluded	58	1,630	46	1,882	0	1,126	1,247
Total	38,639	38,639	38,639	38,639	38,639	38,639	38,639
<b>HDHP # of Drugs</b>							
No Change	4,901	6,079	7,362	6,758	6,651	404	6,487
Positive Change	460	735	173	260	769	63	563
Negative Change	525	551	58	160	180	23	195
Excluded	1,714	235	7	422	0	7,110	355
Total	7,600	7,600	7,600	7,600	7,600	7,600	7,600
<b>EPO/PPO/HDHP # of Drugs</b>							
No Change	41,149	37,872	44,942	41,770	45,290	37,856	43,339
Positive Change	669	2,223	547	399	769	71	642
Negative Change	2,649	4,279	697	1,766	180	76	656
Excluded	1,772	1,865	53	2,304	0	8,236	1,602
Total	46,239	46,239	46,239	46,239	46,239	46,239	46,239

### Prescription Drug Discount Comparison

The PBMs offered the following AWP discounts for 2023. Discount offers increased with each PBM for 2024 and 2025. Keenan recognizes that AWP discounts and pricing is based on each PBM’s contractual obligations with manufacturers and formulary arrangements. To quantify the cost proposal of each vendor Keenan needed to make assumptions on pre-AWP discount values for SJVIA based its utilization of Generic, Brand, and Specialty measured over Retail, Retail 90, and Mail Order. Assumptions were equally applied towards each PBM to determine overall values.

SJVIA Prescription Drug Discount from AWP Summary Coverage EPO/PPO/HDHP Discount from AWP							
Retail	EmpiRx	IPM	ESI	Anthem IngenioRx	Blue Shield	CVS Aetna	UMR OptumRx
1 Generic	85.00%	82.75%	84.70%	85.00%	85.25%	85.00%	84.50%
2 Preferred Brand	19.00%	19.00%	19.00%	19.50%	19.10%	19.90%	19.25%
3 Non-Preferred / Specialty	19.00%	19.00%	19.00%	22.00%	N/A	19.90%	19.25%
4 Specialty	19.00%	17.00%	20.00%	22.00%	20.00%	19.90%	19.25%
Mail Order							
1 Generic	90.00%	84.15%	86.75%	87.00%	86.75%	89.25%	87.00%
2 Preferred Brand	25.50%	23.15%	23.50%	25.00%	26.25%	24.75%	25.50%
3 Non-Preferred / Specialty	23.00%	23.15%	23.50%	22.00%	N/A	24.75%	25.50%
4 Specialty	23.00%	17.00%	20.00%	22.00%	20.00%	20.00%	21.50%
Retail 90							
1 Generic	86.00%	84.25%	84.70%	85.00%	85.75%	85.00%	85.50%
2 Preferred Brand	23.00%	23.50%	23.00%	21.50%	22.00%	21.40%	22.50%
3 Non-Preferred / Specialty	19.00%	23.50%	23.00%	22.00%	N/A	21.40%	22.50%
4 Specialty	19.00%	See Note	20.00%	22.00%	N/A	21.40%	22.50%
<b>AP Keenan Valuation</b>							
Average AWP Discount	54.20%	52.67%	53.98%	54.50%	54.29%	54.09%	53.94%
Projected 2023 RX Spend	\$25,087,651	\$25,479,616	\$25,146,482	\$25,011,748	\$25,066,657	\$25,117,440	\$25,156,564
\$ Difference		\$391,965	\$58,831	-\$75,903	-\$20,994	\$29,789	\$68,913
% Difference		1.56%	0.23%	-0.30%	-0.08%	0.12%	0.27%

Keenan estimates a range differential between carriers of \$467,868.

## Prescription Drug Rebate Comparison

The PBMs proposed and projected the following prescription drug rebates. Based on five years of experience, the EmpiRx rebate annual total is accurate.

Rx Rebate PG per Script	EmpiRx	IPM	ESI	Anthem	Blue Shield	CVS Aetna	UHC(UMR) OptumRX
Retail 30-day supply	\$190.00	\$138.34	\$220.00	\$209.16	\$205.00	\$253.99	\$280.00
Retail 90-day supply	\$475.00	\$423.17	\$660.00	\$787.02	\$450.00	\$651.22	\$820.00
Retail Specialty	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mail Order	\$500.00	\$423.17	\$660.00	\$720.31	\$540.00	\$723.58	\$875.00
Specialty Mail Order	\$1,800.00	\$1,802.29	\$2,100.00	\$3,069.40	\$1,800.00	\$2,911.29	\$2,350.00
<b>Projected Annual Rebate</b>	<b>\$3,796,860</b>	<b>\$2,995,428</b>	<b>\$4,260,480</b>	<b>\$3,151,884</b>	<b>\$2,304,520</b>	<b>\$7,306,564</b>	<b>\$5,170,005</b>
\$ Difference		-\$801,432	\$463,620	-\$644,976	-\$1,492,340	\$3,509,704	\$1,373,145
% Difference		-21.1%	12.2%	-17.0%	-39.3%	92.4%	36.2%
<b>% to SJVIA</b>	100%	100%	100%	100%	100%	100%	100%
<b>Rebate Basis</b>	# of Scripts	# of Scripts	# of Scripts	\$35.00 PEPM	# of Scripts	\$96.04 PEPM	UMR Estimate

ESI, CVS Aetna, and UMR (OptumRx) offer higher rebates, but did not provide the required number of qualifying scripts in each category with their original proposal. CVS Aetna did provide the backup for their calculation, the number of scripts utilized was substantially higher than the other PBMs. In general, there is a concern as to whether these higher rebate levels would be achieved.

### Performance Guarantees – Medical Carriers, Medical TPAs, and PBMs

SJVIA Performance Guarantees	Response: Yes or Yes w/ Adj. or No or To Be determined (TBD)										
Medical PGs	Anthem	Blue Shield	CVS Aetna	UHC/UMR	Compass	DHS	HealthComp	Pinnacle	ESI	EmpiRx	IPM
Claims Timeliness (14 Calendar Days)	Yes with Adj.	Yes	Yes	Yes		Yes	Yes	Yes			
Claim Timeliness (30 Calendar Days)	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes with Adj.	Yes			
Claim Payment Accuracy	Yes with Adj.	Yes	Yes	Yes		Yes	Yes	Yes			
Claim Financial Accuracy	Yes with Adj.	Yes	Yes	Yes		Yes	Yes	Yes			
Open Enrollment ID Card Issuance	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes	Yes			
Processing of Ongoing Eligibility Information	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes with Adj.	Yes			
Ongoing ID Cards Issuance	Yes	Yes	Yes	Yes		Yes	Yes	Yes			
Eligibility Error Reports - Ongoing	Yes	Yes	Yes	Yes with Adj.		Yes	Yes	Yes			
Average Speed to Answer	Yes with Adj.	Yes	No	Yes		Yes	Yes with Adj.	Yes			
Call Abandonment Rate	Yes with Adj.	Yes	Yes with Adj.	Yes		Yes	Yes	Yes	Does Not Apply	Does Not Apply	Does Not Apply
First Call Resolution	Yes with Adj.	Yes	Yes	Yes		TBD	Yes	Yes			
Member Satisfaction	Yes with Adj.	Yes	Yes with Adj.	Yes		TBD	Yes with Adj.	Yes			
Management Reports	Yes with Adj.	Yes	Yes with Adj.	Yes		Yes	Yes	Yes			
Annual Performance Report	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes	Yes			
Performance Guarantee Objectives Results Report	Yes	Yes	Yes with Adj.	Yes		Yes	Yes	Yes			
Account Management Satisfaction	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes with Adj.	Yes			
Appeals	No	Yes	Yes	Yes		No	No	Yes			
Network Alerts	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		No	No	Yes			
Provider Accessibility	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		No	No	Yes			
Security Breach	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.		Yes	Yes	Yes			
PBM PGs	Anthem	Blue Shield	CVS Aetna	UHC/UMR	Compass	DHS	HealthComp	Pinnacle	ESI	EmpiRx	IPM
Claims Accuracy - Retail	Yes	Yes	Yes with Adj.	Yes						Yes	Yes
Claims Accuracy - Mail Order	Yes	Yes	Yes with Adj.	Yes						Yes	Yes
Dispensing Accuracy – Retail	No	Yes	No	Yes with Adj.						Yes	Yes
Dispensing Accuracy – Mail Order	Yes	Yes	Yes with Adj.	Yes	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply		Yes	Yes
Claim Processing Turnaround Time - Mail Order Claims (no Intervention)	Yes	Yes	Yes with Adj.	Yes						Yes	Yes
Claim Processing Turnaround Time - Mail Order Claims (w/ Intervention)	Yes	Yes	Yes with Adj.	Yes						Yes	Yes
PBM Rebate PGs Category	Anthem	Blue Shield	CVS Aetna	UHC/UMR	Compass	DHS	HealthComp	Pinnacle	ESI	EmpiRx	IPM
Prescription Drug Rebates	Yes	Yes	No	No						Yes	Yes
Prescription Drug Discounts	Yes	Yes	No	No						Yes	Yes
Prescription Drug Dispensing Fee	Yes	Yes	No	No	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply		Yes	Yes
Prescription Drug - Clinical Management	No	No	No	No						Yes	TBD

### Performance Guarantees – Condition Management and Case Management

Condition Mgmt PGs	Anthem	Blue Shield	CVS Aetna	UHC/UMR	Compass	DHS	HealthComp	Pinnacle	ESI	EmpiRx	IPM
<b>Condition Care Enrollment Rate</b>	No	Yes	No	No		Yes with Adj.	Yes with Adj.	No			
<b>Condition Care Engagement Rate</b>	Yes with Adj.	Yes	No	Yes		Yes with Adj.	Yes with Adj.				
<b>Heart Failure ACE Inhibitors/ARB</b>	No	Yes with Adj.	No	No		No	Yes		Does Not Apply	Does Not Apply	Does Not Apply
<b>Diabetes Annual Hemoglobin A1c (HbA1c) Testing</b>	No	Yes	No	No		Yes with Adj.	Yes				
<b>Persistent Asthma Prescription Drug</b>	No	Yes	No	No		No	TBD				
<b>Diabetes Nephropathy Testing/Identification</b>	No	Yes	No	No		Yes with Adj.	No				
Case Management PGs	Anthem	Blue Shield	CVS Aetna	UHC/UMR	Compass	DHS	HealthComp	Pinnacle	ESI	EmpiRx	IPM
<b>Case Management High Dollar Claimant Outreach</b>	Yes with Adj.	Yes	No	No		Yes with Adj.	Yes	No			
<b>Case Management Member Outreach for Preadmission Counseling</b>	Yes with Adj.	Yes	No	No		Yes with Adj.	Yes with Adj.		Does Not Apply	Does Not Apply	Does Not Apply
<b>Case Management Member Outreach for Post Discharge Counseling</b>	Yes with Adj.	Yes	No	No		Yes with Adj.	Yes with Adj.				

**Note:** Anthem PBM PGs \$75,000  
 Aetna/CVS Condition and Case Mgmt PG \$10.03 PEPM

### Prescription Drug Total Cost Comparison

Keenan added the Projected claim cost, subtracted the Prescription drug rebates, and added the PBM Administration fee to arrive at the prescription drug total cost. Please note Anthem, Blue Shield, CVS Aetna, and UMR OptumRx included their prescription drug administration cost in with the medical cost.

AP Keenan Valuation with Rebate and Administration	EmpiRx	IPM	ESI	Anthem IngenioRx	Blue Shield	CVS Aetna	UMR OptumRx
Projected 2023 RX Spend	\$25,087,651	\$25,479,616	\$25,146,482	\$25,011,748	\$25,066,657	\$25,117,440	\$25,156,564
Projected Rebate	\$3,796,860	\$2,995,428	\$4,260,480	\$3,151,884	\$2,304,520	\$7,306,564	\$5,170,005
<u>Administration Cost</u>	<u>\$277,452</u>	<u>\$0</u>	<u>\$0</u>	<u>w/ med</u>	<u>w/ med</u>	<u>w/ med</u>	<u>w/ med</u>
<b>Total RX Cost</b>	<b>\$21,568,243</b>	<b>\$22,484,188</b>	<b>\$20,886,002</b>	<b>\$21,859,864</b>	<b>\$22,762,137</b>	<b>\$17,810,876</b>	<b>\$19,986,559</b>
<b>\$ Difference</b>		<b>\$915,945</b>	<b>-\$682,241</b>	<b>\$291,621</b>	<b>\$1,193,894</b>	<b>-\$3,757,367</b>	<b>-\$1,581,684</b>
<b>% Difference</b>		<b>4.25%</b>	<b>-3.16%</b>	<b>1.35%</b>	<b>5.54%</b>	<b>-17.42%</b>	<b>-7.33%</b>

Both IPM and ESI are offering a \$0 administration fee. IPM was asked to provide their estimated revenue from SJVIA and did not provide the value. ESI was asked to review their proposal with Keenan and declined the invitation, so validation of their administrative revenue could not be accomplished.

Given the concerns with CVS Aetna, ESI, and UMR (OptumRx) rebate realization, EmpiRx then Anthem’s IngenioRx would be the preferred PBM vendors.



**Administrative Costs, The Carriers** - The following chart illustrated the administration costs per carrier. Fee descriptions are provided on each vendor.

SJVIA First Year Administrative Cost Summary		Anthem Blue Cross				Blue Shield		Aetna	UHC/UMR
Per Employee per Month (PEPM)	Enrollment Assumption	Option 1 Medical Only	Option 2 Medical Only	Option 3 Med/RX	Option 4 Med/RX	Option 1 Medical Only	Option 2 Med/RX	Med/RX	Med/RX
Administration Fee EPO/PPO	6,189	\$37.90	\$34.90	\$37.90	\$34.90	\$28.40	\$25.90	\$37.19	\$27.50
Administration Fee HSA Compatible HDHP PPO	720	\$37.90	\$34.90	\$37.90	\$34.90	\$28.40	\$25.90	\$37.19	\$27.50
EPO/PPO Network Access Fee	6,909	Included	Included	Included	Included	Included*	Included*	Included	Included
Case Management Fee (Shield Support)	6,909	Included	Included	Included	Included	\$2.30	\$2.30	Included	Included
Condition/Disease Management Fee	6,909	\$0.10	\$0.10	\$0.10	\$0.10	Included**	Included**	Included	\$3.85
Clinical Management Fee	6,909	Included	Included	Included	Included	Included**	Included**	Included	Included
Utilization Review Fee	6,909	Included	Included	Included	Included	Included	Included	Included	Included
Wellness Fee	6,909	Included	Included	Included	Included	Included	Included	Included	Included
1 Other (Name)	6,909		\$250,104		\$250,104	\$5.42	\$5.42		
2 Other (Name)	6,909			\$100,000	\$100,000	\$500K annual	\$1 million	\$250,000	\$100,000
3 Wellness Fund	6,909	\$60,000	\$60,000	\$60,000	\$60,000	\$100,000	\$100,000	\$231,313	\$100,000
4 Other (Name)	6,909					Included	Included		\$698,914
5 Other (Name)	6,909			(\$35.00)	(\$35.00)				\$2.37
<b>Total Cost (PEPM)</b>	<b>6,909</b>	<b>\$38.00</b>	<b>\$35.00</b>	<b>\$3.00</b>	<b>\$0.00</b>	<b>\$36.12</b>	<b>\$33.62</b>	<b>\$37.19</b>	<b>\$33.72</b>
<b>Gross 2023 Annual Cost</b>	<b>6,909</b>	<b>\$3,150,504</b>	<b>\$3,151,884</b>	<b>\$248,724</b>	<b>\$250,104</b>	<b>\$2,994,637</b>	<b>\$2,787,367</b>	<b>\$3,083,349</b>	<b>\$2,795,658</b>
<b>First Year Credit</b>	<b>6,909</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$400,000</b>	<b>\$900,000</b>	<b>\$250,000</b>	<b>\$798,914</b>
<b>Net 2023 Annual Cost</b>	<b>6,909</b>	<b>\$3,150,504</b>	<b>\$3,151,884</b>	<b>\$148,724</b>	<b>\$150,104</b>	<b>\$2,594,637</b>	<b>\$1,887,367</b>	<b>\$2,833,349</b>	<b>\$1,996,743</b>

Among the four insurance carriers, each offered competitive pricing for plan administration with a range of \$33.62 to \$38.00 PEPM prior to first year credits.

## The Carriers – Fee Descriptions

Fee Descriptions - Anthem
<p>Medical Only ASO: ASO Basic Foundational Package plus Anthem Health Guide (AHG), Claims Fiduciary Coverage, LiveHealth Online, Blue Distinction</p> <p>Blue Association Fees are billed in claim invoice</p> <p>Case Management – Behavioral Health (includes Behavioral Health Advantage with CBT), Case Management – Medical (includes ESRD, NICU and Transplant) , ESRD (cost included in Case Management), Transplant (costs included in Case Management)</p> <p>Future Moms with pro-active identification and lactation support</p> <p>Clinical Review Cancer Care Quality program (through AIM)</p> <p>Utilization Management – Medical and Behavioral Health</p> <ul style="list-style-type: none"> <li>• Anthem Health Guide</li> <li>• Budget - An annual Wellness/Communication credit in the amount of \$60,000 will be applied for the purchase of services provided from Anthem, or an outside vendor through 12/31/2023. Credit will be forfeited if not used by 12/31/2023. This credit is also extended towards years 2 (2024) through 5 (2027). The annual credit value must be used within each policy year, and forfeited if not used within the applicable policy year. Anthem must receive all invoices no later than the 8th of December for each policy year. Examples of communications include magnets, posters, brochures and flyers. Expenses for items such as programming, personnel expenses and travel are not reimbursable. The credit could also be applied towards Wellness programs purchased by the client from Anthem Blue Cross or an outside vendor. This credit can be split between communication and wellness, but it cannot be cross-applied.</li> </ul> <p>Option 2 &amp; 4 - Discount Share The fee will be equal to 0.25% of in-network discounts. In-network discount is the difference between billed charges for covered services and the negotiated amount. The negotiated amount is the amount Anthem is contractually obligated to pay a network provider under a negotiated reimbursement arrangement, before application of member cost-share amounts, such as deductibles, copayments and coinsurance. Prescription drug claims, claims paid on a capitated basis, Traditional network fee schedule and Payment Innovation program payments are excluded from the fee calculation. This fee will be limited as follows: Up to \$5,000 per Claim.</p> <p>1 Discount Share the fee cost \$250,104</p> <p>2 First year RX Implementation allowance \$100,000.</p>
Fee Descriptions - Blue Shield
<p>EPO/PPO Network Access Fee: *Network access is included for CA network. Blue Card fees for non-CA network will be invoiced.</p> <p>Case Management Fee: Shield Support Program</p> <p>Condition/Disease Management Fee: ** Included in Shield Support OR Connect Program</p> <p>Clinical Management Fee: **Included in Shield Support OR Connect Program</p> <p>1 Connect Program - Connect our Concierge integrated clinical and customer service model with a designated team including integration of 3rd party</p> <p>2 Implementation Credit for Medical/RX (can be used for implementation, wellness, audits, communications and more)</p> <p>3 \$100,000 wellness fund included in \$500k Medical Only \$1 million Medical/RX credit for year 1, wellness fund provided annually</p> <p>4 Health Improvement Program - Wellvolution: comprehensive life-style and disease prevention and reversal program, including coaching. Personaliz</p>
Fee Descriptions - CVS Aetna
<p>Our network access fee is included in the proposed administrative fees; however our National Advantage Program, Subrogation, Coordination of</p> <p>Offering Aetna One Flex care management model and Enhanced Maternity program</p> <p>Our proposed administrative fees include our Aetna One Flex care management model which also includes disease management.</p> <p>Offering Member Engagement Platform w/reward and Lifestyle Conditioning and Coaching</p> <p>Offering Aetna Concierge (includes First Impression Treatment)</p> <p>Including Managed Behavioral Health and Behavioral Health Condition Management Program - Standard</p> <p>2 Implementation Credit</p> <p>3 Offering a wellness allowance of \$2.48 PEPM and a communication/technology allowance of \$0.31 PEPM that can be used towards audits and benefits administration</p>
Fee Descriptions - UHC / UMR
<p>2 Implementation Credit</p> <p>3 Wellness fund included in the implementation credit for year 1, and annually \$100,000 thereafter</p> <p>4 Three month fee waiver (requires UHC be in place through 1/1/26)</p> <p>5 NurseLine (NL) \$0.50</p> <p>5 Maternity CARE \$0.65</p> <p>Ongoing Condition CARE \$3.85</p> <p>5 Optum Benefits Analytic Manager (BAM) \$0.25</p> <p>5 Telemedicine (Teladoc)* \$0.97</p> <p>5 Total \$2.37</p>

**Administrative Costs, The TPAs -**

SJVIA First Year Administrative Cost Summary		DHS	Compass	HealthComp		Pinnacle	
Per Employee per Month (PEPM)	Enrollment Assumption	Anthem Medical Only	Blue Shield Medical Only	Option 1 Medical Only	Option 2 Med/RX	Option 1 Medical Only	Option 2 Med/RX
Administration Fee EPO/PPO	6,189	\$18.45	\$22.50	\$19.75	\$19.75	\$20.75	\$20.75
Administration Fee HSA Compatible HDHP PPO	720	\$18.45	\$22.50	\$19.75	\$19.75	\$20.75	\$20.75
EPO/PPO Network Access Fee	6,909	\$17.94	\$18.00	\$18.54	\$5.60	\$17.94	\$5.00
Case Management Fee	6,909	\$175 per hour	\$2.30	\$160/Hour	\$160/Hour	Included	Included
Condition/Disease Management Fee	6,909	\$3.95	See Blue Shield	included	included	\$0.30	\$0.30
Clinical Management Fee	6,909	Included	Included	Included	Included	Included	Included
Utilization Review Fee	6,909	\$0.70	Included	\$0.70	\$0.70	\$2.50	\$2.50
Wellness Fee	6,909						
1 Other (Name)	6,909						
2 Other (Name)	6,909		\$350,000				
3 Wellness Fund	6,909	\$50,000	\$75,000	\$58,036	\$58,036	\$207,270	\$207,270
4 Other (Name)	6,909						
5 Other (Name)	6,909			\$1.70	\$1.70		
<b>Total Cost (PEPM)</b>	<b>6,909</b>	<b>\$41.04</b>	<b>\$42.80</b>	<b>\$46.29</b>	<b>\$33.35</b>	<b>\$41.49</b>	<b>\$28.55</b>
<b>Gross 2023 Annual Cost</b>	<b>6,909</b>	<b>\$3,402,544</b>	<b>\$3,548,462</b>	<b>\$3,837,811</b>	<b>\$2,764,982</b>	<b>\$3,439,853</b>	<b>\$2,367,023</b>
<b>First Year Credit</b>	<b>6,909</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net 2023 Annual Cost</b>	<b>6,909</b>	<b>\$3,402,544</b>	<b>\$3,198,462</b>	<b>\$3,837,811</b>	<b>\$2,764,982</b>	<b>\$3,439,853</b>	<b>\$2,367,023</b>

## The TPAs – Fee Description

Fee Descriptions - Compass Health Administrators	
\$75,000 annual wellness fund	
\$350,000 first year credit	
Fee Descriptions - Delta Health Systems	
Case Management Fee	\$175 per hour/\$4.45 PEPM
Condition/Disease Management Fee	\$3.95
Clinical Management Fee	Included w/Network Fees
Utilization Review Fee	Included w/Network Fees
Wellness Fee (\$50,000 Stipend from Delta)	\$0.70 PEPM
1 Other ACA Reporting 1095 Reporting - State & Federal	\$6.75 per form
2 Other Delta Navigator (includes Condition/Disease Management)	\$7.75
3 Other Dependent Audit	\$1,200 plus depending on scope of work (# of dependents)
4 Other HSA Account Admin	\$4.95 PPPM
5 Other Medical Bill Review	25% of Savings
6 Other Remote Patient Monitoring	\$75 PPPM
7 No Co-pay Telemedicine (Requires Navigator Enrollment)	\$1.50
8 Premium Accounting (Non Delta enrolled members - Kaiser & D&V Only)	\$3.95
Fee Descriptions - HealthComp	
<b>Administration Fee EPO/PPO:</b> HealthComp admin fee includes various features. Please see SJVIA HealthComp Proposal for more details.	
<b>Administration Fee HSA Compatible HDHP PPO:</b> HealthComp admin fee includes various features. Please see attachment SJVIA HealthComp Proposal	
<b>EPO/PPO Network Access Fee:</b> Represents the Anthem Network Access fee if HealthComp is chosen as the TPA and the RX is carved out. HealthComp is proposing OptumRx as the PBM should RX be carved out.	
<b>Case Management Fee:</b> The fee is \$160.00 Per Hour (billed in 6 min increments)	
<b>Condition/Disease Management Fee:</b> HealthComp's program proactively engages the riskiest members before any hospitalizations (and before case management) to help them address gaps in care.	
<b>Clinical Management Fee:</b> HealthComp's Population Preventive Care is inclusive of Disease Management: helping members with chronic conditions and also members without chronic conditions but other high risk factors. Leveraging advanced analytics to create personalized care plans for each member, HealthComp's clinical team then applies a high-touch service model to proactively engage members, co-create goals, and consistently follow-up with members to remind and remove barriers – all while reviewing for site of care optimization opportunities and adverse medication interactions.	
<b>Utilization Review Fee:</b> HealthComp does not provide this service when utilizing the Anthem network. Anthem does this.	
<b>Wellness Fee:</b> HealthComp's wellness solution analyzes the member's historical data to create a personalized wellness plan.	
<b>1 Other - Cancer Awareness:</b> Program is designed to promote a culture of health at your company, create awareness, and ultimately reduce the participants' risk of cancer through early detection and intervention.	
<b>2 Other - Emergency Room Solutions:</b> ER Solutions program identifies members who have recently visited the Emergency Room and performs outreach to educate them on alternatives to the ER.	
<b>3 Other - Mommies 2-B:</b> HealthComp's program provides expectant mothers with services and educational materials that are designed to help give their babies a healthy start.	
<b>4 Other - Teladoc:</b> 24/7 access to care by web, phone or mobile app. Care is delivered through a network of U.S. board-certified physicians with 20 years average experience.	
<b>5 Other - Compliance Fee:</b> Covers compliance on CAA and NSA, 1099's, PCORI Reporting Data, W2 Reporting Data, Medicare Part D Notices (includes mailings), State Surcharge Reporting and Form 5500 (Schedule A) Reporting	
Fee Descriptions - Pinnacle	
1 Other - Set-Up Fee	\$1,500
2 Other - Deerwalk Reporting	\$0.50
3 Other - 1-800 Dedicated Customer Support Number (one time fee)	\$500
4 Other - \$50k wellness budget (per year)	\$0.60
5 Other - Data File Feed	Included
6 Other - PCMI Disease Management Program	\$5.00

### Administrative Costs – The PBMs

SJVIA First Year Administrative Cost Summary		ESI	EmpiRx	IPM
Per Employee per Month (PEPM)	Enrollment Assumption	RX Only	RX Only	RX Only
Administration Fee EPO/PPO	6,189	\$0.00	\$0.00	\$0.00
Administration Fee HSA Compatible HDHP PPO	720	\$0.00	\$0.00	\$0.00
EPO/PPO Network Access Fee	6,909	Does Not Apply	Does Not Apply	Does Not Apply
Case Management Fee	6,909			
Condition/Disease Management Fee	6,909			
Clinical Management Fee	6,909			
Utilization Review Fee	6,909			
Wellness Fee	6,909	See Fee Description	See Fee Description	See Fee Description
1 Other (Name)	6,909			
2 Other (Name)	6,909			
3 Wellness Fund	6,909			
4 Other (Name)	6,909			
5 Other (Name)	6,909			
<b>Total Cost (PEPM)</b>	<b>6,909</b>	<b>\$0.00</b>	<b>\$3.35</b>	<b>\$0.00</b>
<b>Gross 2023 Annual Cost</b>	<b>6,909</b>	<b>\$0</b>	<b>\$277,452</b>	<b>\$0</b>
<b>First Year Credit</b>	<b>6,909</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net 2023 Annual Cost</b>	<b>6,909</b>	<b>\$0</b>	<b>\$277,452</b>	<b>\$0</b>

Both ESI and IPM use a no cost administrative fee model. Their revenue from SJVIA is based on the spread in pricing between the purchase price of prescription drugs for SJVIA and the price the PBMs charge SJVIA for those same prescription drugs. We asked IPM to provide an estimate of expected revenue from SJVIA based on this model but did not receive it.

## The PBMs – Fee Description

Fee Descriptions - ESI	
<b>Manual Submissions</b>	
Member Submit Fee	\$3.00 per claim
Medicaid Subrogation Claims	\$3.00 per paid claim
Medicare Subrogation Claims	\$3.00 per paid claim
Communication with physicians and/or members (e.g., program descriptions, notifications, formulary compliance, non-Medicare EOBs, etc.)	\$1.35/letter plus postage
Medicare Explanation of Benefits (EOB)	
Custom non-standard materials	
Claims reverse and reprocessing	\$1.75/letter plus postage
<b>Coordination of Benefits (COB)</b>	
• Custom reimbursement formula	\$0.01 PMPM
• Setup and ongoing maintenance	
• Product support	
<b>Electronic Medicare Part D EOB</b>	
Electronic Medicare EOB is an e-mail notification to the member informing them at the time of EOB production that their Medicare Part D Explanation of Benefits is available for viewing.	\$0.95/EOB
Electronic EOB includes:	
· Email notification to the member	
· Solicitation e-mail sent to registered members	
· Prominent Web messaging	
<b>Reporting Services</b>	
Custom ad hoc reporting – applies for reporting outside of self-services reporting tool	\$150/hour, with a minimum of \$500
<b>Replacement Member Communication Packets</b>	
Member-requested replacement packets	\$1.50 per packet
Sponsor-requested re-carding	\$1.50 per packet
<b>Communication Fee</b>	
Mail (EHD, SHD & HDE) Programs	No charge for electronic communications
Announcement Letters and Communications after each Courtesy Fill	Postage (on-going fee) for mailed communications
<b>Cost Exceeds Maximum</b>	
Cost Exceeds Maximum (CEM) edit (For non-compound drugs)	\$10,000 CEM limit – included in pricing Custom CEM limit less than \$10,000 - \$0.01 PMPM fee
Cost Exceeds Maximum (CEM) edit	Included in pricing
Fee Descriptions - EmpiRx	
1 Other - Per Rx Administration fee	\$6 per Rx (est annual projected cost \$277,452)
2 Other - Direct Reimbursement Claims Processing	\$5.00 per Direct Reimbursement Claim
3 Other - Annual Benefit Summary (EOB)	\$3.00 per summary, plus postage
4 Other - Replacement ID Cards	\$2.50 per card, plus postage for 10mil card stock
5 Other - Administrative Prior Authorization	\$15.00 per plan prior authorization
6 Other - Clinical Prior Authorization (including re	\$55.00 per determination
7 Other - Clinical Program Mailings (e.g., Step The	\$1.75 per communication, plus postage
8 Other - Fraud, Waste & Abuse – Retrospective	\$5.00 per letter, plus postage
9 Other - External Third-Party Appeals	\$500.00 Per Hour for preparation / participation in external appeals, + reasonable travel expenses
10 Other - Medicare Part D RDS Support	Annual base charge of \$10,000 and an additional per eligible life per month fee
11 Other - Integration with health plan providers	As mutually agreed by the parties on a case-by-case basis
Total Cost PEPM (\$3.35) based on \$277,452/6,909/12	
Fee Descriptions - IPM	
Clinical Prior Authorization by a Pharmacist	\$45/PA
Third Party Independent Review	\$300/review
Direct Member Reimbursement	\$5/claim
Custom ad-hoc Reporting (Five included per year	\$150/hr

### Total Cost Summary

Keenan conducted analysis on

- medical: member disruption, network pricing, network adequacy, network valuations, and cost valuation
- prescription drug: member disruption, AWP discount, rebating, and cost valuations

The following chart summarized Keenan's cost findings.:

Medical Vendor PBM Vendor	Anthem EmpiRx	Anthem IngenioRx	Blue Shield EmpiRx	Blue Shield Blue Shield	Aetna CVS	UMR OptumRx
<b>Claim Cost</b>						
Medical	\$59,171,927	\$59,171,927	\$61,730,841	\$61,730,841	\$65,085,316	\$65,544,925
RX	\$25,087,651	\$25,011,748	\$25,087,651	\$25,066,657	\$25,117,440	\$25,156,564
<u>RX Rebates</u>	<u>\$3,796,860</u>	<u>\$0</u>	<u>\$3,796,860</u>	<u>\$2,304,520</u>	<u>\$7,306,564</u>	<u>\$5,170,005</u>
Total	\$80,462,718	\$84,183,675	\$83,021,632	\$84,492,978	\$82,896,192	\$85,531,484
<b>Administrative Cost</b>						
Medical	\$3,150,504	\$248,724	\$2,994,637	\$2,787,367	\$3,083,349	\$2,795,658
<u>RX</u>	<u>\$277,452</u>	<u>w/ Med</u>	<u>\$277,452</u>	<u>w/ Med</u>	<u>w/ Med</u>	<u>w/ Med</u>
Total	\$3,427,956	\$248,724	\$3,272,089	\$2,787,367	\$3,083,349	\$2,795,658
<b>Total Cost</b>						
<b>Total Claims and Admin</b>	<b>\$83,890,674</b>	<b>\$84,432,399</b>	<b>\$86,293,721</b>	<b>\$87,280,345</b>	<b>\$85,979,541</b>	<b>\$88,327,142</b>
<b>\$ Difference</b>		<b>\$541,725</b>	<b>\$2,403,047</b>	<b>\$3,389,671</b>	<b>\$2,088,867</b>	<b>\$4,436,468</b>
<b>% Difference</b>		<b>0.6%</b>	<b>2.9%</b>	<b>4.0%</b>	<b>2.5%</b>	<b>5.3%</b>
<b>Total Cost w/ Credits</b>						
<b>First Year</b>	\$0	\$100,000	\$400,000	\$900,000	\$250,000	\$698,914
<u><b>Wellness Annually</b></u>	<u>\$60,000</u>	<u>\$60,000</u>	<u>\$100,000</u>	<u>\$100,000</u>	<u>\$231,313</u>	<u>\$100,000</u>
<b>Total Cost w/ Credits</b>	<b>\$83,830,674</b>	<b>\$84,272,399</b>	<b>\$85,793,721</b>	<b>\$86,280,345</b>	<b>\$85,498,228</b>	<b>\$87,528,227</b>
<b>\$ Difference</b>		<b>\$441,725</b>	<b>\$1,963,047</b>	<b>\$2,449,671</b>	<b>\$1,667,553</b>	<b>\$3,697,553</b>
<b>% Difference</b>		<b>0.5%</b>	<b>2.3%</b>	<b>2.9%</b>	<b>2.0%</b>	<b>4.4%</b>

Based on Keenan's analysis, Anthem with IngenioRx offers the greatest cost savings.

Medical Vendor PBM Vendor	DHS EmpiRx	Compass EmpiRx	HealthComp EmpiRx	HealthComp IngenioRx	Pinnacle EmpiRx	Pinnacle IngenioRx
<b>Claim Cost</b>						
Medical	\$59,171,927	\$61,730,841	\$59,171,927	\$59,171,927	\$59,171,927	\$59,171,927
RX	\$25,087,651	\$25,087,651	\$25,087,651	\$25,011,748	\$25,087,651	\$25,011,748
<u>RX Rebates</u>	<u>\$3,796,860</u>	<u>\$3,796,860</u>	<u>\$3,796,860</u>	<u>\$0</u>	<u>\$3,796,860</u>	<u>\$0</u>
Total	\$80,462,718	\$83,021,632	\$80,462,718	\$84,183,675	\$80,462,718	\$84,183,675
<b>Administrative Cost</b>						
Medical	\$3,402,544	\$3,548,462	\$3,837,811	\$2,764,982	\$3,439,853	\$2,367,023
<u>RX</u>	<u>\$277,452</u>	<u>\$277,452</u>	<u>\$277,452</u>	<u>w/ Med</u>	<u>\$277,452</u>	<u>w/ Med</u>
Total	\$3,679,996	\$3,825,914	\$4,115,263	\$2,764,982	\$3,717,305	\$2,367,023
<b>Total Cost</b>						
<b>Total Claims and Admin</b>	<b>\$84,142,714</b>	<b>\$86,847,547</b>	<b>\$84,577,981</b>	<b>\$86,948,657</b>	<b>\$84,180,023</b>	<b>\$86,550,699</b>
<b>\$ Difference</b>	<b>\$252,040</b>	<b>\$2,956,872</b>	<b>\$687,307</b>	<b>\$3,057,983</b>	<b>\$289,349</b>	<b>\$2,660,024</b>
<b>% Difference</b>	<b>0.3%</b>	<b>3.5%</b>	<b>0.8%</b>	<b>3.6%</b>	<b>0.3%</b>	<b>3.2%</b>
<b>Total Cost w/ Credits</b>						
<b>First Year</b>	\$0	\$350,000	\$0	\$0	\$0	\$0
<u><b>Wellness Annually</b></u>	<u>\$0</u>	<u>\$75,000</u>	<u>\$58,036</u>	<u>\$58,036</u>	<u>\$207,270</u>	<u>\$207,270</u>
<b>Total Cost w/ Credits</b>	<b>\$84,142,714</b>	<b>\$86,422,547</b>	<b>\$84,519,946</b>	<b>\$86,890,621</b>	<b>\$83,972,753</b>	<b>\$86,343,429</b>
<b>\$ Difference</b>	<b>\$312,040</b>	<b>\$2,591,872</b>	<b>\$689,272</b>	<b>\$3,059,947</b>	<b>\$142,079</b>	<b>\$2,512,754</b>
<b>% Difference</b>	<b>0.4%</b>	<b>3.1%</b>	<b>0.8%</b>	<b>3.7%</b>	<b>0.2%</b>	<b>3.0%</b>



## Value Proposition Statements

Keenan asked each carrier/vendor to briefly state their value proposition. Some carriers/vendors complied while others provided lengthier responses (lengthier responses are attached as files).

### **Value Statement – Anthem Blue Cross**

We know that the health plan SJVIA selects will be the most valued employee benefit, as well as a significant business investment. We are committed to delivering a customized, coordinated solution that will help your employees take control of their health and become their healthiest self, and improve cost savings for all. We will continue to leverage our superior network discounts and access, while delivering innovative, cost saving programs, tools, and services to achieve the best outcomes for your employees now and for years to come.

Our specific value proposition and key differentiators for SJVIA's consideration include the following:

#### Integrated Benefits Solutions

We feel our integrated medical and pharmacy programs and services offer the best value to you. The integration of Anthem's medical and pharmacy services will allow you to offer your employees access to the care they need, all packaged in a seamless, simple experience. We provide guidance and coordinated solutions for better total health. Our extensive resources and networks allow us to be flexible, building the ideal benefit solution to fit your needs. We coordinate our information, programs, and interactions to help enrollees manage their conditions and live healthier lives. Healthier enrollees mean increased productivity and lower health care costs for you. We coordinate our data between doctors, pharmacists, members, and our disease management teams. This gives us the power to help ensure that good health does not fall through the cracks.

We help improve member health outcomes and reduce total healthcare costs by integrating our medical and pharmacy programs — and by focusing on our members holistically. We integrate our medical, pharmacy, and lab data — and we go beyond the data to ensure coordination of our people, programs, and knowledge. We work to drive consistent strategies for our medical and pharmacy programs.

Based on a 2020 HealthCore, Inc., Value of Medical and Pharmacy Integration study analyzing our 2015 to 2018 data, clients with our integrated pharmacy and medical benefits through Anthem experienced on average medical costs \$30.70 PMPM lower compared to those who carved out pharmacy. This translates to an average of \$315 PMPY client savings and \$53 in member out-of-pocket savings — a total of \$368 lower average medical costs PMPY.

Other key findings illustrate the following for the carve-in population:

- 11.6% lower outpatient costs
- 5.5% lower inpatient costs

Our integrated medical and pharmacy benefits help drive lower costs, better outcomes, and increased member satisfaction through the following:

- • Outcomes-based formulary that includes medications proven to improve and lower total costs
- • Aligned medical and pharmacy clinical criteria and policies
- • Effective, coordinated medication management programs
- • Proactive site-of-care management
- • More closely and quickly identified care gaps because of connected data that leads to more actionable insights
- • Seamless and coordinated experience for members, clients, and providers

#### Member Engagement Platform — A Smarter Personalized Healthcare Journey

Like SJVIA, Anthem values innovative member resources designed to help members make informed decisions and increase engagement with their health plan. Sydney Health, our member engagement platform, focuses on driving a smarter healthcare journey for members by putting health management tools in their hands. Sydney Health integrates all benefits together for whole-person care. It not only supplies information but also, uses the information, driven by artificial intelligence (AI), to help members proactively stay healthier. Proactive support includes alerting members to gaps in care notifications, helping them find a provider based upon quality and cost information, and providing health tips based on each member's history and interests.

By delivering a member-personalized experience, Sydney Health will support your employees to achieve goals. Sydney Health is all about saving members time and connecting them with the care they need, when they need it. It delivers total procedure cost estimates, member pay cost estimates, plan pay cost estimates, and the capability to view costs for all procedures performed by a provider. Sydney Health sorts data and recommend products, programs, and content according to a member's unique needs to deliver better outcomes and lower costs. Leveraging the Blue Cross Blue Shield Association national data, Sydney Health accurately provides cost estimates and expenses for more than 700 procedures, and that list continues to grow.

Additional features for members include, but are not limited to, the following:

- • Curated, personalized experiences that drive members toward outcomes
- • The ability to set personal goals, sync their fitness trackers, and review content related to their unique needs
- • Integrated benefits, claims and health and wellness programs
- • Members will receive content based on their personal risk factors, identified by our AI engine
  - They can select areas of interest, such as weight loss or getting active
  - They can enter goals for monetary or non-monetary rewards
  - They receive personalized program recommendations

We look forward to further discussion about the many programs and services Anthem has to offer you and a continued partnership and a mutually successful relationship between our two organizations.

## **Value Statement – Blue Shield**

Below is a summary of our differentiated value proposition for SJVIA **Our commitment to the San Joaquin Valley Insurance Authority is significant:**

- **Blue Shield is a leader in serving public sector entities.** We partner with over **1,300** public sector entities in California, including direct client relationships with 18 cities and towns, 7 counties, and associations with a variety of public agencies through joint powers authorities and trusts. We have a deep understanding of the particular challenges that organizations such as SJVIA face, including the need for predictable budgeting, reducing costs while increasing efficiencies, and addressing the expectations of multiple stakeholders.
- **A 5 year-comprehensive core service fee of \$25.90 PEPM**, including flat fees for years 1 and 2 with 3% escalator for years 3-5 that includes comprehensive administrative services as well as telehealth, tele-behavioral health, NurseHelp 24/7, Fiduciary and **Wellvolution** comprehensive health improvement program: lifestyle and chronic care management services personalized for every SJVIA member
- **Network Strength** – little to no disruption for SJVIA given a Blue-to-Blue transition AND given we expanded our PPO ACO models in both Fresno and Tulare County in 2022, our Network Discount/Total Cost of Care is even stronger – **we expect a 2% improvement for SJVIA given these new PPO ACO provider contracts.** Through claims evaluation, 35% of SJVIA are already using these providers, so the value will happen without any disruption.
- **Strong Performance guarantees with 36% of fees at risk including:**
  - 21% for operational and account management performance
  - Discount guarantee with 15% of fees at risk
- **A comprehensive fund offer:**
  - Transition fund of \$500,000 for Medical services and \$1,000,000 for the Medical and Pharmacy offering (can be used for Wellness, Communications, audits, staffing, implementation costs, etc.)
  - Annual wellness and audit fund in Year 2 and 3: \$100,000/year
- **Expanded Access to Primary and Specialty Care through Health@Home and Walgreens** – In addition to our PPO network we have a new Health@Home offering that includes near-site primary care at Walgreens Health Corners and Dispatch Health – increasing access to primary care and removing barriers to care. This will expand primary care and chronic condition support for SJVIA employees and family members. **The Walgreen Health Corners will be available in both Tulare and Fresno Counties!** Blue Shield also offers the CVS minute clinics as a part of our PPO network... therefore, through Blue Shield, SJVIA would get access to the CVS Minute Clinics, and the exclusive Walgreens Health Corners
- **Wellvolution®, our digital healthcare platform that offers a large scope of services, from prevention (e.g., diet, physical activity, stress, sleep, social support, smoking cessation) to the treatment and reversal of conditions (e.g., heart disease, diabetes, hypertension, hyperlipidemia, metabolic syndrome, obesity)** to support optimal health. Wellvolution's digital platform uses decades of research and leading technology to deliver personalized support. Offering multiple digital applications and 30,000 brick-and-mortar locations, members have unprecedented choice in preventing, treating, and reversing a number of health conditions.

- **Expanded Mental Health Services: On-demand mental health support day or night through Ginger and Briteline** including behavioral health coaching 24/7/365 via text-based chat, informational content, self-guided activities, and support from licensed therapists and psychiatrists via video.
- **Integrated medical and pharmacy offering: Blue Shield serves as its own pharmacy benefits manager (PBM)**, making us uniquely qualified to provide quality and affordable pharmacy benefits to SJVIA. The advantages of our fully integrated model include:
  - **Simplified administration** through a single source and consolidated reporting to ensure you have a complete picture of your health benefits program
  - **Better value and results** through technology-driven solutions, pharmacist outreach, and coordinated case management
  - **Lower total cost of care** through competitive pricing, end-to-end specialty solutions, and integrated analytics
  - **Seamless and engaging member-facing experience** through an integrated and consistent online and mobile platform and high-touch and high-tech pharmacist support

Our model saves **\$16–\$24 per member per month** compared to carve-out PBM models and lowers hospitalization and emergency room rates. We also provide consolidated reporting for a comprehensive insight into both financials and the qualitative member experience.

- **Executive Commitment** By partnering with Blue Shield, you will be collaborating with a company whose leadership will be engaged in your interests and needs at every turn and stand by our commitments!

### **Value Statement – Aetna CVS**

We're taking health care where you want us to be by creating unrivaled connections on every corner in every neighborhood close to home.

With the combined capabilities of CVS Health and Aetna, our care support and health guidance are so deeply embedded, they become part of our members' everyday lives. And perhaps most important of all, we deliver better costs and greater simplicity than ever, helping our members get on and stay on an affordable, connected path to better health.

### **A new health care experience**

Being where you want us to be isn't just about being the most local as Fresno County. It's about going farther – reaching out, making ourselves more accessible, and by doing so, creating a more whole, more connected experience. The result is unmatched human connections, digital access whenever and wherever our members need it and a new reality where our members know that no matter where they are or when they're reaching out, we'll be there to answer.

We've structured our approach on three simple, but meaningful ideas: more caring, more connected, and closer to home. Here's what that means for our members in Fresno and Tulare Counties:

- More caring means we provide health care solutions how they need them by using connected data that creates insights for a more personalized experience, giving members more reasons to engage and helping them take the right health actions.
- More connected means we provide health care solutions based on a simpler, more integrated approach that delivers a better health care experience that feels whole.
- Closer to home means we provide health care solutions where they want them by reaching members in more ways and at more times than any other health care provider. Through our nearly 9,900 CVS Pharmacy® locations, more than 1,100 MinuteClinic® locations and a growing list of CVS HealthHUB® locations, our unmatched local footprint provides access to our members where they live and work because that's where health happens.

### **What better health feels like**

The connected, personalized, and affordable experience we're creating feels different. We're providing our members:

- Unmatched engagement touchpoints for a personalized “what’s best for me” experience
- A holistic approach to health that takes both physical health and mental well-being into account
- A complete member view driven by robust, integrated data that powers our behavioral insights and member outreach
- Pharmacy solutions in your neighborhood and cost-effective retail and specialty drug costs
- Benefits that encourage appropriate and convenient sites of care
- Innovative and low-cost relationships with providers

### **Value Statement – UHC/UMR**



**SJVIA UMR**

See attached file **Summary Response**.

**Value Statement – HealthComp**



**HealthComp SJVIA -  
Value Proposition.p**

See attached file

**Value Statement – Delta Health System**



**Delta Health  
Systems - Value Prop**

See attached file

**Value Statement – Compass Health Administrators**

Compass Health Administrators is a true Third-Party Administrator. We work on behalf of the plan sponsor and the membership. We are not beholden to private equity or large health plan interests. Your agenda becomes our agenda with no conflicts. We perform 100% of our work in Fresno CA with no offshoring of claims or calls. We answer all of the calls LIVE, with no IVR. We view our callers as people, and not as transactions. We never assign work to a caller. Our Advocates call pharmacies, PBMs, UM companies and provider offices on behalf of our membership when necessary. We have a very robust set of online (mobile and browser based) tools for both the membership and the plan administrators.

**Value Statement – Pinnacle Administrators**



**Pinnacle SJVIA  
highlights.pdf**

See attached file

**Value Statement – EmpiRx**



**EmpiRx Health  
Follow-up Value Proc**

See attached file

### **Value Statement – Integrated Pharmacy Management (IPM)**

IPM is an independently owned, central CA based, mid-market pharmacy benefit manager. IPMs success is driven through our award-winning account management organization, enhanced by our rigorous pursuit of actionable analytics, and displayed in our extremely high client retention rate (98%).

We pride ourselves on our abilities: flexibility, adaptability, and availability. Our clients are all different and a one size or off the shelf benefit approach fails to meet the unique needs of the mid-market.

What clients find at IPM is a value driven health care partner. Thoughtful benefit design recommendations consider disruption, member experience and bottom-line savings to the plan. Knowing each of our clients have different goals, benefit design conversations always focus on those goals and enhancements that can further our clients' pursuits.

Clinical programs are designed through this value-based care lens as well. Evidence based clinical protocols guide decisions and a lowest net cost approach always prevails when assessing treatment options.

IPM would be proud to partner with the SJVIA in keeping healthcare local.

### **Value Statement – ExpressScripts (ESI)**

Value Proposition: The past year has presented unprecedented challenges that have impacted all of us in different ways. Healthcare, in particular, faced a particular strain in the context of the COVID-19 pandemic, and these tensions have translated to employers and employees alike. Rising healthcare costs, economic downturn, increased employee time away from work, moving to virtual work and healthcare settings—you name it, this past year has had it.

At Express Scripts, we're working to solve for these challenges differently, because we see a better path forward to make healthcare more affordable, predictable, and simple for those we serve. To that end, we're building on our legacy with health services designed to redefine healthcare as we know it with Evernorth, a new brand that unites all of our game-changing health services capabilities.

We thoughtfully crafted our proposal specifically for San Joaquin Valley Insurance Authority to make the choice to join Evernorth on our journey to better health easy.

#### Total Cost Management

At the core of our proposal for San Joaquin Valley Insurance Authority, we promise to manage drug spend and lower the total cost of care for San Joaquin Valley Insurance Authority and your members, without sacrificing quality of care. We will achieve this goal through a combination of competitive program costs, industry-leading trend management, and avoiding or reducing high-cost claims before they happen.

We are prepared with a unique, flexible suite of programs to optimize your population's generic utilization, savings opportunities, and trend management alongside targeted messaging to help San Joaquin Valley Insurance Authority eliminate waste from your pharmacy benefit. A few key examples of how we will save you and your members money include:

Industry-Leading Trend Management – Our clients have achieved an average drug trend of 1.4% over the past three years, the lowest in the industry.

Specialty Management through Accredo – Accredo, Express Scripts’ Specialty pharmacy, provides industry-leading specialty drug management programs to get results. For example, through our SaveonSP copay assistance program, we achieved specialty drug trend of -5.2% for enrolled clients.

Chronic Care Management – Through advanced utilization management procedures, we improve outcomes and control costs for members with chronic conditions. Tightly managed commercial plans enrolled in our top clinical programs achieved a trend of -4.8% in 2019.

Caring for the whole person.

Our care delivery model goes beyond the pharmacy—we coordinate throughout the entire healthcare ecosystem for the health of the whole person to ensure that every member gets the right care, at the right time, in the right place, and at an affordable price. We have highlighted some of our key whole person health enhancements below:

Health Connect 360 provides the industry’s most comprehensive clinical care solution. This program combines personalization, an outcomes-based methodology, and care coordination to take a transformative approach whole person health.

Our open architecture and ability to partner freely across businesses means we are equipped to solve complex problems across a fragmented landscape like no one else can.

Through an in-depth innovation process, we have created programs designed to ensure members receive the best care with the most value.

Further, we are expanding the ways we include social determinants of health in our program design, and with this emphasis we will continue to remove social barriers and help members get the care they need. As we advance as an organization, we will keep treating the health of the whole person front of mind.

Innovations designed around you.

Express Scripts, through Evernorth, is committed to unlocking new value and taking on your toughest challenges through innovation that benefits you, your members, and healthcare as a whole. We drive innovation through close partnership with our clients, embedding feedback and participation throughout the strategic process. We have accomplished our most important and groundbreaking work by partnering hand-in-hand with clients through our test-and-learn process.

Technology designed with simplicity in mind.

With an eye towards the future, we are concentrating our efforts, as well as our investments, on driving technological advancements focused on interoperability, lower total cost of care, and optimized care coordination.

With these enhancements, we will keep San Joaquin Valley Insurance Authority on the cutting edge of technology in healthcare, dynamically evolving your plan and sharing new technologies with you as the healthcare landscape shifts to help you make healthcare affordable, predictable, and simple for your members. Some of our recent flagship enhancements include automatic prior authorization, the industry’s first, stand-alone Digital Health Formulary, and an upgraded Express Scripts Client Website.



We continually push the envelope on new ideas, interventions, and pilots to improve health outcomes, adherence, and member satisfaction. Looking ahead your members will see chat capabilities, more self-service, prescription photo uploading, virtual consultations with physicians and pharmacists, and more.

Service and implementation in mind.

We keep simplicity at the heart of everything we do. When we introduce new clients to an Express Scripts plan, our goal is simple: make it easy. This includes using core fundamentals like plain language instead of health insurance jargon on all of our customer communications, providing a user-friendly customer app, open enrollment support, and more.

Express Scripts will provide San Joaquin Valley Insurance Authority with an experienced, talented, and committed account team, staffed with knowledgeable team members. This team will lead the transition process to ensure we: understand your requirements; assure quality data; educate your members; and support a smooth implementation.

Our service experience continues beyond the walls of Express Scripts. Our service model through Evernorth allows us to collaborate freely across businesses, meaning we are equipped to partner without boundaries with all of San Joaquin Valley Insurance Authority's vendor partners across a fragmented healthcare landscape like no other company can.

We know that making healthcare affordable, predictable, and simple is challenging, and we know that it takes a partner with unparalleled commitment to San Joaquin Valley Insurance Authority to get that done. We want to be that partner for San Joaquin Valley Insurance Authority.

March 23, 2022

#### VALUE PROPOSITION:

Delta Health Systems is committed to providing single- and multi- employer groups of all sizes competent administration, timely response to all inquiries and forward-looking technology driven programs that will guarantee to improve employer, employee, and professional partners experience.

#### OUR VALUES

Delta Health Systems is a family-owned and operated business. This allows us to prioritize our employees and our members instead of investors. Delta's people-focused leadership empowers and supports our employees. This has allowed us to build a knowledgeable and committed team with many long-tenured employees being part of our team for 20, 30 and even 40 years. Our mission is simple: Deliver as Promised. We recognize that serving our customers means serving their members, and that our customer's success is our success.

#### OUR FOCUS

At Delta Health Systems our focus is on helping our customers to deliver cost effective health benefits to their employees and members. We accomplish this not only by timely and accurate administration, but also by supporting a wide range of brokers, consultants, and vendor partners to develop and affect meaningful cost-containment and health-focused strategies.

#### OUR APPROACH

Through our innovative approach, Delta Health Systems offers and demonstrates programs that improve overall healthcare spend while maximizing the employer, member, and professional partner's experience. We have over 50 years of experience working with multi-stakeholder teams to administer complex benefit plans successfully. Delta Health Systems believes that the success of any program requires a true partnership between all parties and will work diligently to ensure these lines of communications are purposeful and solution based.

#### OUR CORE COMPETENCIES

- Rigorously tested implementation program ensures a smooth transition.
- Engaged partner on plan design to improved member experience and risk management.
- Transparent administration to know where your dollars are spent.
- Best in class claims processing ensures high accuracy at a low cost of administration.
- Plan analytics to identify emergent risk drivers.
- Cost containment strategies to achieve risk mitigation.

#### DELIVERING AS PROMISED

Through the combination of our values, focus, approach, and core competencies, Delta Health Systems improves member experience, lowers manageable spend, and achieves better outcomes.

I certify that my value proposition is a true reflection of my company.

Name of Authorized Representative: Patrick McTighe

A handwritten signature in black ink that reads "Patrick McTighe".

Signature of Authorized Representative

Date: 03.23.22

Phone # of Authorized Representative: 209.939.3489

Email of Authorized Representative: Patrick.McTighe@DeltaTPA.com

## Why EmpiRx Health

**As the most clinically advanced PBM in the industry**, EmpiRx Health is SJVIA's healthcare partner—and we're proud of it. Since 2017, we have successfully worked together with SJVIA to deliver best-in-class pharmacy benefits to you and your members. **More than \$16.5M in fully-auditable clinical savings and less than 5% YOY trend, compared to an industry trend of 12-18%**, all with the highest level of clinical integrity, is the reason why our partnership with, and results for SJVIA are market-differentiated.

**100% auditable Clinical Savings Guarantee.** Our pay-for-performance model holds us accountable and is 100% auditable and transparent. We take downside risk to lower SJVIA's costs—if we don't meet our guarantee, we cover the difference. **No other PBM in this market does this.**

**A data-enriched, human-delivered population health strategy tailored to your membership at no charge.** We drive equal or better outcomes for SJVIA members while eliminating waste and excess cost. Our pharmacists are at the center of our patient care team, collaborating with prescribers to ensure the right therapy for your members at the right price.

**SJVIA receives white-glove service 24/7/365.** EmpiRx Health is SJVIA's service destination—a high-touch, people-focused level of concierge service no other PBM can offer. We recently implemented our **Member Care Advocacy model for SJVIA at no additional charge.** Specially trained clinical advocates deliver a heightened patient experience and reduce gaps in care for members with healthcare or service complexities.

**National presence with a local PBM feel**, including client management support from our Head of Client Services, Lisa Krajewski, **located in California.**

**100% pass-through of guaranteed rebates for the 2023 renewal and an increased clinical savings guarantee of an additional \$250,000 per year.**

**No burdensome or risky implementation process.** Your pharmacy program is in place and your members know us, which affords continuity of service and zero member interruption and noise.

**Our broad pharmacy network and formulary** ensures equitable access to healthcare. **No messy transition** of care, no stress, just comfort and convenience.

**By remaining with EmpiRx Health, SJVIA can expect a clinical-first approach to improving health outcomes while delivering deep and sustainable savings—and we do it in a way no one else does.**

## Healthcare Done Right for SJVIA

We ensure that SJVIA members receive the **highest quality care in the most cost-effective manner**, maximizing value and preserving your benefit dollars. Over the last four years, we have provided high-touch concierge service with every interaction, lowered your Rx costs, and delivered significant clinical savings, and we have zero intention of stopping the momentum.

**Employers need a truly different solution** in which value is the focus, not volume and rebates—a solution that will guarantee cost savings and trend management, and employers should hold the benefit manager financially accountable for those guarantees with a high degree of transparency. **EmpiRx Health is that solution**—we are the only truly value-based PBM in the market.

**Financial Stability.** We take downside risk to reduce drug spend, with a fully-auditable Clinical Savings Guarantee over three years and a cover-the-difference warranty. Our guarantee mitigates inflation as we optimize drug mix and utilization-waste in the current spend to protect employers from runaway pharmacy trend. EmpiRx Health manages appropriate trend and spend by driving fully auditable clinical savings.

**Tailored, Personalized, Population Health Management.** Our unique model emphasizes value, savings, and accountability—without SJVIA having to choose between care, access, and savings. We understand the need for wellness across your organization and our core model is dedicated to exactly that. We stratify by risk factors, not conditions, and we use the Johns Hopkins ACG system and factors in a combination of Rx claims, medical claims and other data for a distinct employee population. Please refer to Figure 1 for an SJVIA member’s clinical success story.

As indicated by SJVIA’s interest in **weight-management**, EmpiRx Health can specifically tailor our Population Health model around this initiative for your membership. Weight management and the comorbid conditions that accompany a diagnosis of obesity are complex, and not every patient faces the same risks. Simply checking off a box that there is a one-size-fits-all Weight Management Program doesn’t mean success will follow. It fails to consider medication adherence, severity of disease, nor behavioral factors that influence patient outcomes. We understand that no two members are the same and the conversations that we have with their respective providers will not be the same either.

EmpiRx Health deploys **the industry's only population health management program** along with a best-in-class clinical concierge model for patients with complex healthcare needs:

- Our care management playbook tailored to your population, **delivers the right clinical and cost containment solutions for your plan.**
- Pharmacist-Physician engagement and complex care management are how we execute on the playbook.
- Our pharmacists review the clinical and financial risk factors of your population and go deep with physicians on the patients’ whole health—not just their dominant conditions. Pharmacists working directly with physicians as a part of the patient's care team can influence healthier, more cost-effective drug selections for patients.
- Strategies used by our pharmacists deliver a very strong physician engagement **model with 88% in overall engagement and 64% therapeutic switch rate—both industry leading numbers.**
- We continually monitor the member’s treatment for safety and efficacy.
- Members with service or healthcare complexities are handheld by Member Care Advocates to ensure they receive the therapies and services they need.

**At no additional cost, we provide an AlertRx News Flash** that identifies critical findings and provides actionable recommendations that have a direct impact on, and save money for, the plan. It’s provided to SJVIA within 24 to 48 hours of critical activity, such as members being transitioned to medications, cured of conditions, or new drugs entering the market. **The AlertRx News Flash is the first proactive communication of its type in the industry.** Please refer to Figure 2.

## Member Care Advocacy

EmpiRx Health is providing our Member Care Advocacy program to SJVIA at **no additional cost**. We have found that 3%-5% of a member population have markedly higher healthcare complexity and need much greater care and attention. Patients with healthcare complexity have a disproportionate set of healthcare needs and are getting lost in the mix, right when they need care the most.

Our Member Care Advocacy program provides them with a personal care advocate who stays close to their pharmacy needs and coordinates with their doctor's office and pharmacy as needed to ensure they feel taken care of. This program **eases any escalated traffic away from your HR and benefits teams**, improves the patient experience and helps reduce gaps in care. EmpiRx Health's Member Care Advocacy model offers complex care management on the scale of the Medicaid/Medicare space, **a one-of-a-kind service not found anywhere else in the commercial PBM market**.

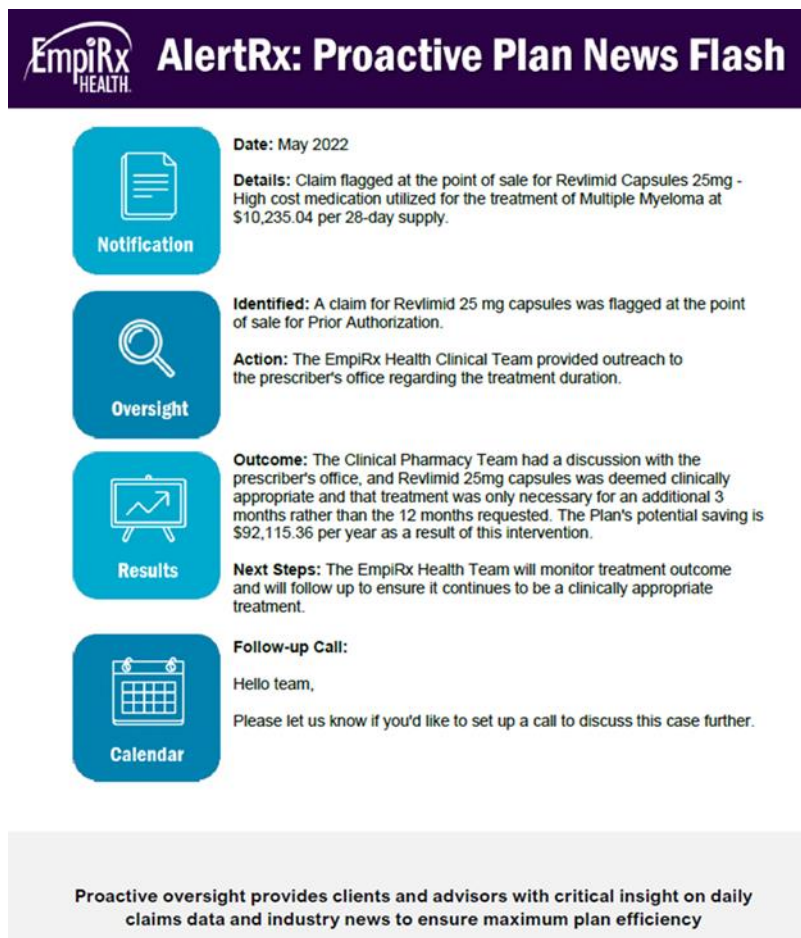
- **We call these patients before they call us.** We identify common member issues and difficulties and proactively reach out to members, physicians, and prescribers to make the prescription process easy. Any service issues identified by our call center or escalated by a client will be assigned to a Member Care Advocate who will handle the case from beginning to end. The Member Care Advocate is a liaison between the member, the prescriber, the pharmacy to ensure that the member gets the therapies and the service they need.
- SJVIA has the option to provide a pre-determined list of members who will be assigned a Member Care Advocate should a need arise.
- A member will have a **24x7 direct line to their Member Care Advocate**.
- Our advocates conduct regular follow up outreach to ensure these members are doing well or if they require any additional support.

Compassionate care is what you should expect from the industry's most clinically advanced PBM—and that is what we deliver. EmpiRx Health puts the care back in healthcare—providing a world-class care management solution for your plan membership. **SJVIA members deserve nothing less.**

Figure 1:



Figure 2:



# Why HealthComp?

## HealthComp At-A-Glance

- Founded in 1994
- Largest Independent TPA: Medical, Dental, Vision, COBRA, HIPAA, Flexible Spending Accounts
- Serve over 900K medical and 1.5M total members nationwide
- Client size range: 30,000-150,000 medical members
- National footprint: Operations center in Fresno (CA), Homewood (IL), Covington (LA), Lancaster (PA), and Ripley (WV), Lexington (KY)

### Extensive network access:

**Anthem.**

CA, NY, GA, CO,  
OH (Student and  
Hospital Plans),  
VA (Student and  
Hospital Plans)

**blue**  
california



BlueCross  
BlueShield  
of Arizona

**aetna**<sup>™</sup>

**Cigna.**

Reference-based  
Pricing

ACOS/Narrow  
Networks

## Operational Excellence: Measurable, Repeatable, and Predictable

Our clients work with an designated team (pod) of associates from various departments. This ensures that you receive the best service from a team that understands your benefits offering.

**99.7%** claims accuracy

**2.8** days claims turnaround time

**63%** of claims processed in 1 day

**97%+** client retention

## Lower Health Plan Costs

**HealthComp** operates independently, with no ties to providers. Our cost management program utilizes claims and quality excellence, payment integrity, and care management to optimize your health plan spend.



### Claims and Quality Excellence

Operational excellence, auto-adjudication, QA processes, post-claims reviews, 100% audit above \$5,000



### Payment Integrity

Out-of-network negotiations, subrogation, fraud protection, waste & abuse monitoring, stop loss processing



### Care Management

- Large case management, care coordination, claims review and negotiation, member education
- Chronic Condition Management
- Specialized programs to control ER and dialysis costs
- Preventive care programs: Cancer Awareness, Mommies 2-Be



Clients see **30% lower utilization** and **19% lower medical costs** than the industry average using **HealthComp's Clinical Care Management Program**



# Help your employees get affordable, high-quality medical care. HealthComp's high-touch clinical care management programs nurture healthy employee populations.

Wakely, an independent actuarial firm crunched our numbers and revealed how HealthComp's high-touch, personalized approach to care administration ensures more plan members receive tailored, appropriate medical care.

Our clinical care management team serves as the change-making advocates that health plan members need most.

## KEY FINDINGS



**30%**  
**lower utilization**

through inpatient, outpatient, and professional services, or **\$3,000 in savings per employee per year**, without changing benefits or network design



**48%**  
**lower inpatient costs**  
for HealthComp members



**40%**  
**lower maternity spend**  
for members in HealthComp's Mommies 2-Be Program



**80**  
**NPS score**,  
compared to the  
healthcare industry's  
average of 12



**32%**  
**lower emergency room utilization**,  
representing **\$16.09 PEPM in savings**



**19%**  
**lower medical costs**

across every service category for managed HealthComp members compared to the industry average

## COMPLETE TRANSPARENCY

HealthComp's analytics provide complete transparency into your data, so you can develop insights to better manage your benefits offering.

- Integrated dashboards
- A reports library, custom reports and on-demand reports
- HCNavigator, a proprietary tool that allows you to drill into your data and identify trends

Get the **full report** by Wakely at [HealthComp.com/Clinical-Care-Management](https://HealthComp.com/Clinical-Care-Management) or **scan the QR code** below.



Learn more at [HealthComp.com](https://HealthComp.com)



# Savings Analysis

**Summary:**

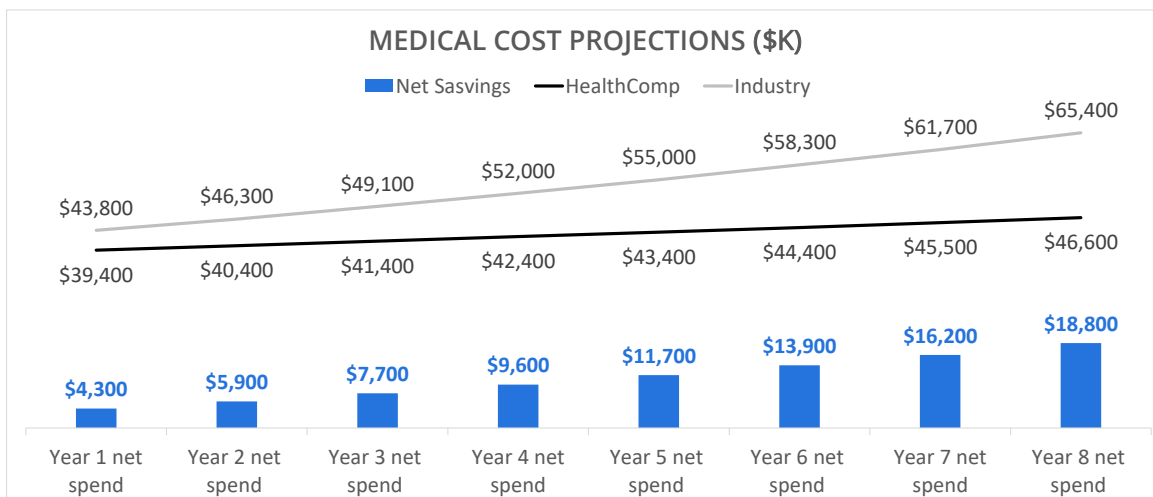
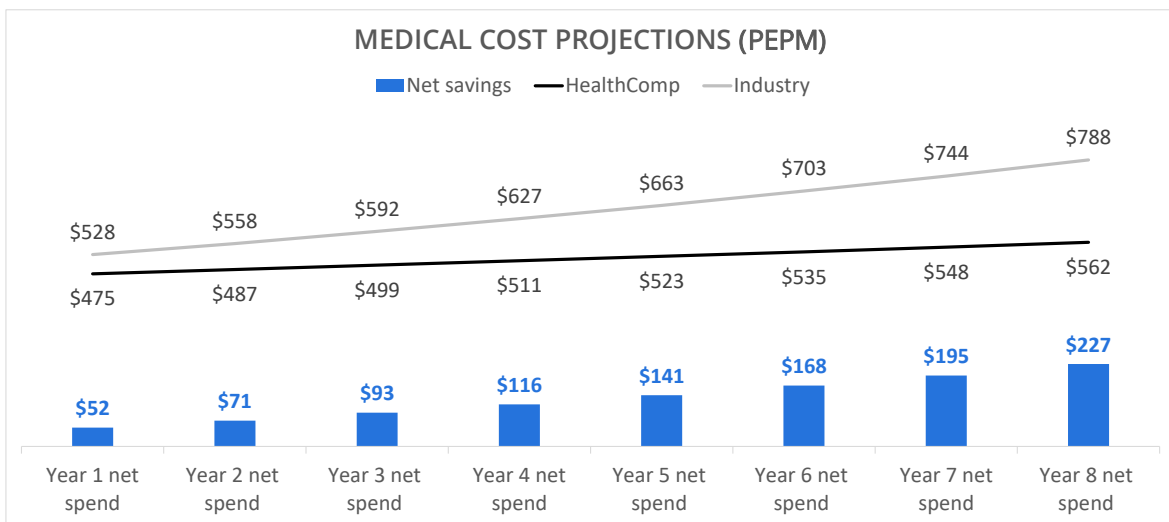
Savings estimates are based on HealthComp's book-of-business results and have been independently validated by actuarial firm, Wakely\*\*. Furthermore, HealthComp's programs have achieved a Level 1 Validation for Savings from the Validation Institute, featuring their \$25,000 credibility guarantee\*\*\*. These savings have then been scaled back for conservatism (see table for exact figures). With this conservatism, we estimate a cost reduction (i.e., PEPM compared to prior year) of 10.7% (equivalent to \$52 PEPM). Furthermore, by measuring HealthComp's market-leading cost trend relative to industry average trend, we can not only account for immediate cost reduction but also long-term cost avoidance. Cost reduction plus cost avoidance equals \$4,300K in year 1 savings, with annual savings of \$11,700K by year 5. Year 5 equates to a 21%+ medical cost savings versus staying with the incumbent. In addition to these savings, HealthComp also boasts an 80 Net Promoter Score (on a scale of -100 to +100; relative to Healthcare Industry 27).



Validation Institute

[healthcomp.com/clinical-care-management](http://healthcomp.com/clinical-care-management)

[validationinstitute.com/wp-content/uploads/2022/04/HealthComp\\_Savings\\_2022\\_Final.pdf](http://validationinstitute.com/wp-content/uploads/2022/04/HealthComp_Savings_2022_Final.pdf)



Projected EE	6,915
Prior Year PEPM	\$484
Projected EE * Prior Year PEPM	\$40,149,043

	With HealthComp	Without HealthComp	Net savings with HealthComp	Cost reduction and avoidance: Savings as % of status quo	Cost reduction: Savings as % of prior year spend
<b>Prior Year spend (adjusted for projected enrollment)</b>		<b>\$40,149,043</b>		N/A	
Year 1 spend pre-savings with industry trend	\$43,754,139	\$43,754,139	\$0		
Year 1 savings	\$4,307,432	\$0	\$ 4,307,432		
- Reduction in duplicates (conservative estimate of \$7 improvement; compared to HealthComp's typical \$46 in savings)	580860				
- Enhanced claims processing (conservative estimate of \$6 improvement; compared to HealthComp's typical \$44 in savings)	497880				
- Additional savings from Fraud, Waste, and Abuse (conservative estimate of \$13 improvement; compared to HealthComp's typical \$20 in savings)	1078740				
- Additional savings from Out-of-Network management (conservative estimate of \$11 improvement; compared to HealthComp's typical \$17 in savings)	912780				
- Additional savings from Third Party Liability (conservative estimate of \$7 improvement; compared to HealthComp's typical \$9 in savings)	580860				
- Enhanced clinical solutions (conservative estimate of 1.5% utilization reduction; compared to independent actuarially validated HealthComp utilization reduction of 30%**)	656312				
<b>Year 1 net spend</b>	<b>\$39,446,707</b>	<b>\$43,754,139</b>	<b>\$4,307,432</b>	<b>9.8%</b>	<b>10.7%</b>
<b>Year 2 net spend</b>	<b>\$40,393,428</b>	<b>\$46,335,633</b>	<b>\$5,942,205</b>	<b>12.8%</b>	
<b>Year 3 net spend</b>	<b>\$41,362,870</b>	<b>\$49,069,435</b>	<b>\$7,706,565</b>	<b>15.7%</b>	
<b>Year 4 net spend</b>	<b>\$42,355,579</b>	<b>\$51,964,532</b>	<b>\$9,608,953</b>	<b>18.5%</b>	
<b>Year 5 net spend</b>	<b>\$43,372,113</b>	<b>\$55,030,439</b>	<b>\$11,658,327</b>	<b>21.2%</b>	
<b>Year 6 net spend</b>	<b>\$44,413,043</b>	<b>\$58,277,235</b>	<b>\$13,864,192</b>	<b>23.8%</b>	
<b>Year 7 net spend</b>	<b>\$45,478,956</b>	<b>\$61,715,592</b>	<b>\$16,236,636</b>	<b>26.3%</b>	
<b>Year 8 net spend</b>	<b>\$46,570,451</b>	<b>\$65,356,812</b>	<b>\$18,786,361</b>	<b>28.7%</b>	
8-year projected trend (including recurring savings from reduction in duplicates, enhanced claims processing, additional savings from FW&A, clinical services driving reduced utilization; savings mix may change over time and index towards FW&A and clinical savings)****	2.40%	5.90%			
<b>Cumul 8 year spend</b>	<b>\$343,393,147</b>	<b>\$431,503,818</b>	<b>\$88,110,671</b>	<b>20.4%</b>	

\*\*Independent actuarial firm, Wakely, conducted a risk-adjusted, geographically-adjusted analysis of HealthComp's 2019 book, showing that HealthComp drives:

- 30% utilization reduction
- 19% medical cost savings
- 27% lower radiology/lab spend
- 48% lower inpatient spend
- 40% lower maternity spend
- 32% lower emergency room utilization
- Claims projections based off elected clinical buy-ups where two of the following three are elected by the group to be serviced through HealthComp: Case Management, Population Preventive Care, Utilization Review.

<https://healthcomp.com/clinical-care-management/>

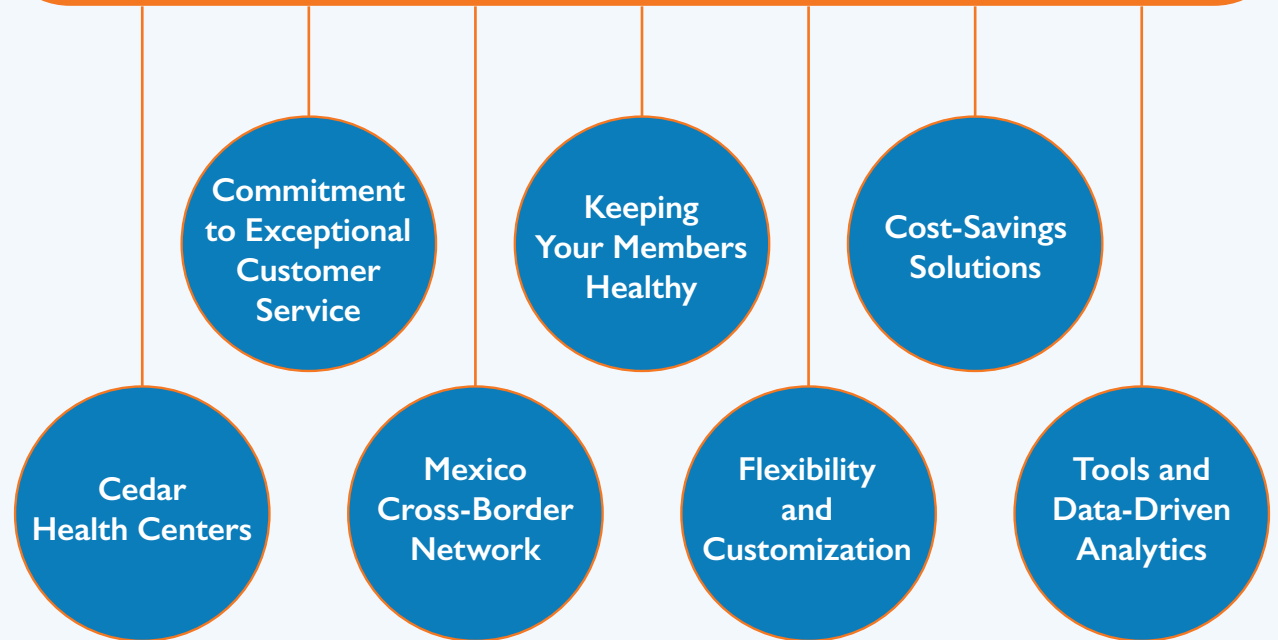
\*\*\*Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program.

<https://validationinstitute.com/credibility-guarantee/>

\*\*\*\*5.9% is industry average medical cost trend (excluding admin fees) for employers, based on benchmarks from PWC, IBM Truven. HealthComp's 2.4% trend is based on "all-HealthComp-clients" results, including member costs.

# SJVIA has unique needs.

Pinnacle has the expertise and ability to provide solutions that are designed to address SJVIA's specific challenges.



# Commitment to Exceptional Service

We take great pride in our member-centric approach to service, and our local presence enables us to react quickly to any changes we see in the health care industry and address the unique needs of our clients. We operate in several locations throughout California, with a dedicated office in Fresno, and administer self-funded plans to more than 100 clients in the Fresno and Tulare counties. As such, we serve the communities of SJVIA and have dedicated and bilingual support staff to meet your needs.



We understand the importance of maximizing SJVIA's health plan savings, which is why we developed a claims processing system that guarantees accuracy, efficiency and convenience for members.

\$5,000



We audit all claims in excess of \$5,000 to ensure accurate medical billing, medical necessity, and claims payment.

We have the ability to notify SJVIA of any claims in excess of \$50,000 before they're paid.

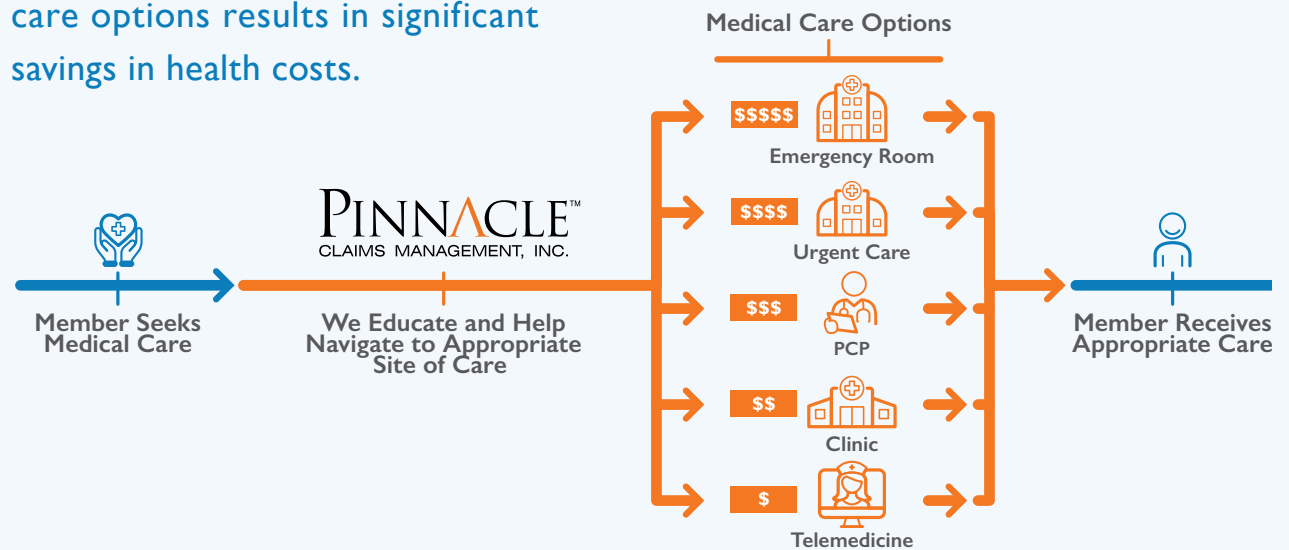
\$50,000



# Cost-Savings Solutions

Pinnacle doesn't just pay your claims – we also educate your members and help them navigate to find the most efficient and cost-effective access to care. Our dedicated customer support team is always available to help members navigate the complexities of the health care system.

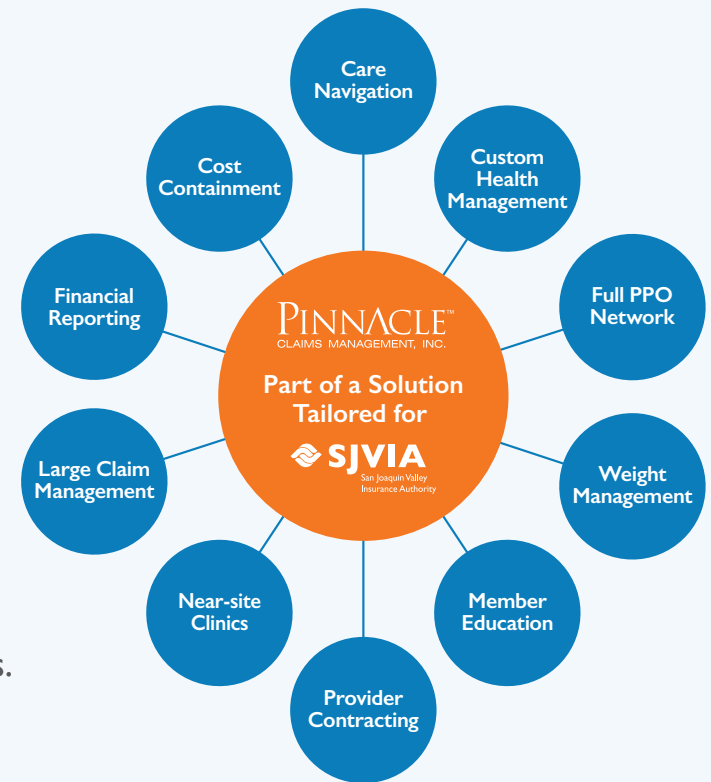
Guiding members toward alternative care options results in significant savings in health costs.



We analyze utilization data and health management data to identify areas for potential claims interventions and savings, helping to control your bottom line. Our cost management programs include utilization review, case management, discharge planning, and large dollar claims review.

# Flexibility and Customization

Pinnacle has the flexibility of offering a broad range of services and programs that can be customized and seamlessly integrated with your vendor partners. In addition to offering a custom solution for SJVIA, we can tailor different aspects of your health program to accommodate the needs and objectives of the individual counties.



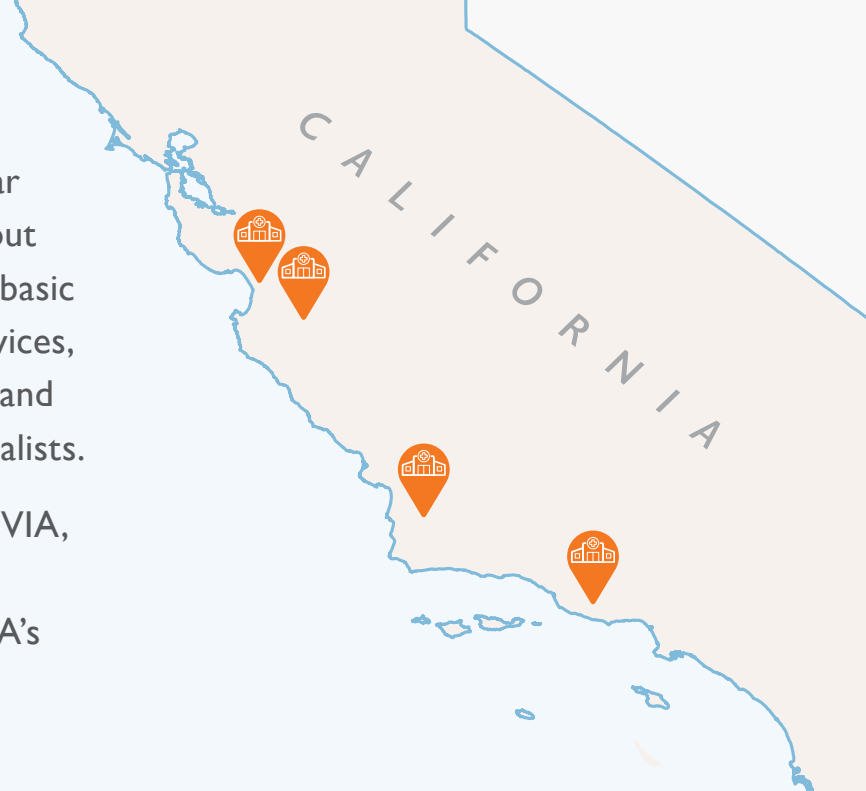
We partner with the top Preferred Provider Organization Networks to provide ease of access to physicians and hospitals and also have the ability to contract with additional hospitals and physicians that are important to the members we serve.



## Cedar Health Centers

Pinnacle operates several Cedar Health Center clinics throughout California. Our clinics provide basic and preventive health care services, including biometric screenings and referrals to cost-efficient specialists.

These clinics are available to SJVIA, and Pinnacle has the ability to set up new ones based on SJVIA's unique needs.

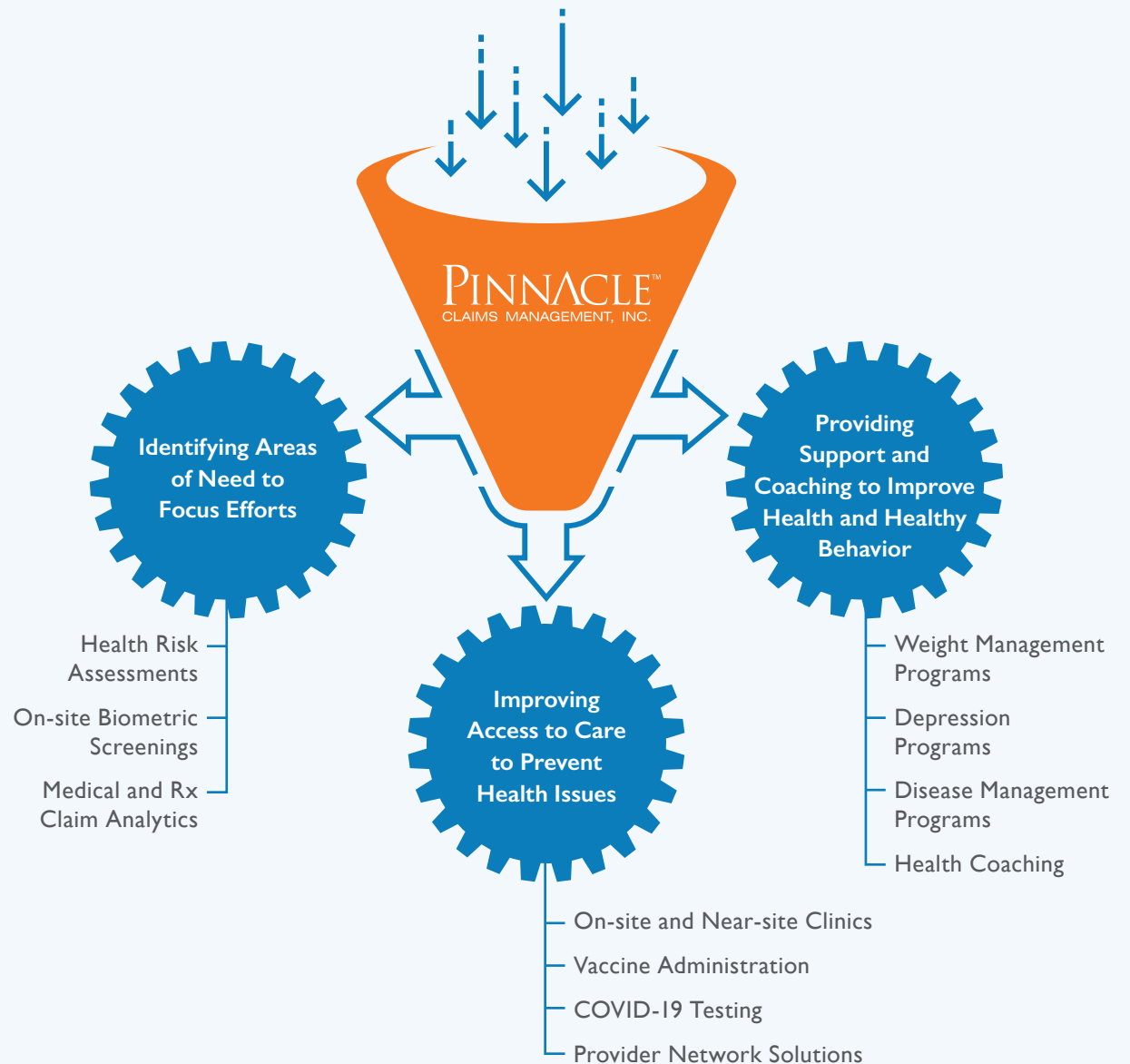


## Mexico Cross-Border Network

Our Mexico Cross-Border network provides services at a significantly lower cost for members who prefer to receive care in Mexico. Our network consists of state-of-the-art facilities and offers an extensive list of specialty and diagnostic services.



Pinnacle can support SJVIA members' health through our data-driven custom programs and services.

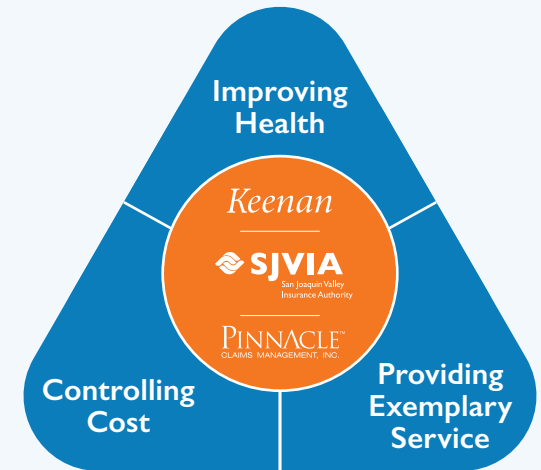


# Keeping Your Members Healthy

# Tools and Data-Driven Analytics

We empower our clients to make the best decisions when it comes to their health care spending. We use consumer-centric, data-driven analytics to evaluate the performance of each plan design. Our data analytics platform and predictive risk profiles enable us to analyze program costs and provide members with insights and recommendations to enhance their plans. We also have the ability to coordinate custom analytics relative to claims, health management, costs and control outcomes.

Success Driven  
Through Collaboration



With our tenured experience providing health benefits solutions across all industries, we are confident our team can assist SJVIA in obtaining your health program's objectives.

If you have any questions,  
please feel free to contact me  
directly at (949) 466-6104.

**Debra Feuerman**  
Director of Sales  
dfeurman@pinnacletpa.com



## **A Summary of UMR's Capabilities**

San Joaquin Valley Insurance Authority (SJVIA) serves a vital role in providing access to quality health care services at affordable costs to covered employees and their families. The sustained success and longevity of this essential benefit calls for a dedicated claims and network services partner with a proven track record and innovative solutions for the years ahead.

UMR, the third-party administrator (TPA) line of business for UnitedHealthcare, provides benefit plan administration for more than 3,500 customers and their 5.7 million members. We offer the resources of a highly diversified health and well-being company with a focused mission to help people live healthier lives and to make the health system work better for everyone. Our TPA expertise and flexibility enables us to manage your plan your way, as we work closely with you to provide consultative strategies and advanced technology for meeting your evolving needs. We are confident that our experience makes us ideally suited for administering self-funded medical and prescription drug benefits for SJVIA.

As a TPA, UMR's strength lies in our ability to be flexible. This includes our established partnerships with public sector entities across the country. We start by taking a consultative approach to each new relationship and meet the customer where they are. Our commitment to providing personalized, attentive service begins during implementation. During your transition to UMR, we will take the time to fully understand SJVIA. This includes getting to know SJVIA's culture, member demographics,

This summary highlights all of the programs we included in our administrative cost proposal response and outline how they will benefit SJVIA. If awarded your business, building this partnership together using these programs and services will create an easier to use, rewarding and results oriented program than your members have experienced! Creating a healthier program—together!

### **Personalized Member Advocacy**

Our Plan Advisor advocacy service offers a simple, personalized experience for connecting families to the care they need and helping them make the most of the resources available to them in managing their health.

Your plan advisor team will follow a consumer-oriented, relationship-based approach. Your members will be connected to their personal plan advisor each time they call. This connection assures your members that the person on the other end of the line understands them, their personal health and call history.

Plan advisors use extensive data to anticipate members' needs. They promote the benefits of selecting a primary care provider, encourage pursuit of improved health and wellness, help connect callers to any applicable clinical programs and provide proactive steering to in-network providers.

### **Advanced Data Analytics**

UMR has included within our proposal fees, Optum Benefits Analytic Manager an online decision support system for analytical reporting powered by Optum. Your SAE, Karla, will assist you with access to the reporting application to analyze the health care cost drivers, utilization, quality and performance trends, and overall health measures of your member population. You can also use the suite of analytical report templates to create custom reports, conduct analysis and compare your plan's performance and demographic trends against a comprehensive set of industry norms.



Your account management team, in partnership with a designated plan analyst, will play a consultative role in helping you monitor your plan's performance. They work with a team of analytics specialists to analyze your plan data and prepare reports to help you identify emerging trends and potential areas for improvement.

## **Improving Clinical Outcomes**

UMR's fully-integrated Clinical Advocacy Relationships to Empower (CARE) solutions work to ensure members receive clinically appropriate care, resulting in improved outcomes and lower costs for customers and their plan members. We provide our CARE programs internally. As your single source for CARE services and integration, our CARE program offers these efficiencies:

- Decreases fragmentation of CARE services
- Decreases incidence of members getting lost in the health care system
- Allows early identification of members eligible for services
- Helps connect the member with an appropriate health care professional in another care management program

Our Utilization Management service monitors hospital admissions and other designated medical services, from prior authorization through discharge, to ensure they do not deviate from the expected treatment plan. Through our Complex Condition CARE program (case management), we aim to reduce the variability of complex and catastrophic cases by supporting patients and their caregivers throughout the course of treatment and representing the medical plan in coordinating care among different providers.

## **Population Health Management**

UMR's Wellness CARE program uses integrated and configurable components to identify and engage individuals at-risk for future disease based on their current health status and lifestyle factors. These may include:

- Clinical health risk assessments (CHRAs)
- Biometric health screenings
- One-on-one health coaching
- Online tools and challenges
- Health education resources
- Incentive/reward administration

Obesity is a challenge for Californians. We also offer access to Real Appeal, an interactive weight loss solution powered by Optum's digital platform Rally Health, and UnitedHealthcare's Motion program. Real Appeal incorporates online coaching and videos with evidence-based weight loss strategies to drive small behavior changes that help participants manage their weight and lower their risk for diabetes and heart disease. Motion, meanwhile, provides incentives to plan participants for tracking their movement. Members sync their wearable device to the Motion mobile app and earn rewards when they meet their daily FIT (Frequency, Intensity, Tenacity) goals.



Real Appeal is a proprietary, year-long intensive lifestyle intervention program that focuses on helping participants lose weight and maintain weight loss with the ultimate goal of preventing or mitigating obesity-related issues such as pre-diabetes, diabetes and cardiovascular disease. The program is delivered live over the Internet and combines entertaining and educational videos, live virtual coaching and online group participation. Real Appeal is customized to meet the preferences of each participant to maximize outcomes and results. The program supports an organization's desire to target obesity-related conditions.

Participants receive access to all of the tools they need to succeed in the program. These tools may include a success kit, an integrative app, popular nutrition and exercise tracking software, a blender (after the eighth session), a printed nutrition guide, printed books and DVDs that parallel the video content, and a fitness guide.

Key components of the program include:

- Twenty-six weekly, then six monthly, group coaching and discussion sessions live over the Internet
- On demand one-on-one coaching, live over the Internet
- Tools to help support success based on individualized needs: nutrition guides, meal plans, recipes, shopping lists and tips for dining out
- Video workouts and fitness guides
- Entertaining and educational videos featuring popular celebrities and experts
- Online support tools, including interactive website and digital applications
- Online or mobile tracking tools to monitor nutrition and activity

From participation in Real Appeal, participants will have developed an ongoing path towards a healthy lifestyle, weight loss and medical expense savings through disease prevention or mitigation. With strong marketing and promotion, engagement rates may exceed 20 percent, and ROI can average 2.0:1.

With Diabetes and Heart Disease being two prevalent conditions with members of the SJVIA, UMR offers the following programs to manage cost and support quality and compliance for diabetics:

- Protocol Driven Health, Inc. (PDHI), includes diabetes and pre-diabetes modules that provide an opportunity for self-paced learning.
- Obesity quality improvement.
  - Focusing on reducing obesity improves A1C test results and reduces risk factors for further complications.
  - By improving eating habits to lose weight, improved eating habits help to maintain stable diabetes.
- Incentives tied to diabetes coaching, including eliminating copayments for diabetes medication and supplies.



- Working one on one with a CARE coach regarding proper blood sugar testing.
- Regular discussions on weight management, making small dietary changes, and incorporating exercise to reduce and maintain blood sugar.
- Increased knowledge of the newest guidelines by the American Diabetes Association regarding recommendations and appropriate testing.
- Additional:
  - Keeping on Track with Your Diabetes, a summary of self-care and medical management required for effective blood sugar control.
  - Reminders to diabetic members to update eye exams, maintain regular appointments with doctors and/or their endocrinologist team, foot exams, dental exams, etc.
  - Assisting members in understanding their multiple medications and how they work, watching for potential side effects.
  - Supporting members to understand hypoglycemia (low blood sugar) and how to treat it effectively.
  - Foot care guidelines/support.
  - Goals for diabetes and comorbid conditions, such as cholesterol and hypertension.
  - Supporting the member with carbohydrate counting basics.
- Referral to Real Appeal for customers who have purchased this benefit:
  - Real Appeal focuses on helping participants lose weight and maintain weight loss, with the goal of preventing or mitigating obesity-related issues such as pre-diabetes, diabetes and cardiovascular disease. This is an excellent opportunity for focused nutritional counseling.

UMR retains an extensive set of diagnosis and procedure code data for processed claims. These codes support the creation of prevalence reporting. Multiple diagnoses are captured for each encounter, so we can report on the incidence of comorbidities.

UMR's Ongoing Condition CARE nurses identify comorbidities the patient- nurse assessment. The focus is to discern the member's main concern whether it is the trigger diagnosis or not. If the member's concern is family, housing, food or comorbidities, the nurse and member work together to close gaps in care and to expand their self-management skills. During the coaching sessions, the CARE nurse, if the member identifies or if the nurse assesses a comorbidity, the nurse adds those conditions to the nursing care plan. A referral is sent to Complex Condition CARE should an acute condition or complex medical need be identified. Depending on the severity of the chronic condition, in relation to the comorbid condition, the more acute health risk receives primary treatment precedence in Complex Condition CARE. UMR CARE RN's address social determinants of health routinely in all CARE programs.

UMR's Complex Condition CARE approach is to provide a seamless, holistic experience for the member with one point of contact and one plan of care to address co-morbidities that could be complicating treatment.



The member will have one CARE nurse manager to assist in their episode of care. We have specialized behavioral health substance use disorder (BHSUD) nurses. Because our CARE nurses are dual trained in both medical and BHSUD, they can provide for the member's comorbidities whether they are medical or other BHSUD diagnoses. We also manage catastrophic behavioral health and substance use disorder cases within our care management program.

An example of the importance of medical and BHSUD integration is a member who presents with cirrhosis of the liver with alcoholic hallucinations and detox. In an instance of a carve-out behavioral health solution, the member would have two case managers providing a very disjointed and confusing member experience. If UMR provides both, one case manager would be working with this patient to support his/her recovery.

By focusing on holistic member support and evidence-based interventions, we can deploy a multi-faceted approach to meet the needs of your membership throughout their continuum of care.

**SJVIA noted frustrations with prior case management and Disease Management experiences.**

UMR's Complex Condition CARE program targets complicated cases to achieve better medical outcomes for members and greater cost savings for employers. Our criteria and systems are specifically designed to identify catastrophic and complex illnesses, transplants and trauma cases. Once high-risk cases are identified, UMR matches the level and method of CARE services to the intensity of the case in the most cost-efficient manner possible. Due to all of the CARE programs operating on one system, we are able to refer members into Complex Condition CARE as soon as they are identified, allowing our RN's to quickly begin outreach. Key to our success is the CARE nurse manager's ability to identify available Centers of Excellence, coordinate and negotiate alternative treatments and related costs. Remote patient monitoring is available through the CARE app, powered by Vivify Health.

Your UMR CARE Consultant is available to review CARE reports and facilitate high dollar/complex case review at the cadence you prefer. They will include a Director in our Complex CARE Team to provide a clinical overview of cases. Notifications of new cases identified for management are available weekly and case updates are reported monthly with an overview of the case, diagnosis, prognosis and expected cost for that episode of care. Savings are reported on a quarterly basis.

Complex Condition CARE is a multi-faceted program that is comprised of the following roles:

- **Employer:** Offers a health benefit plan that supports Complex Condition CARE and promotes it to employees
- **Member:** Actively participates and complies with physician's plan of care
- **Physician:** Manages the member's care according to best practices and collaborates with UMR's CARE nurse manager
- **Complex Condition CARE Staff:** Applies resources to maximize the member's health status, while reinforcing the physician-patient relationship





UMR CARE programs added the following enhancements in 2021

- The CARE app, powered by Vivify Health, effective January 1, 2022. It is for every member and provides remote patient monitoring to help them learn self-management techniques. CARE nurses can view individual health metrics and connect with members via chat or streaming video. With this addition, the goal of reaching the total population succeeds regardless of risk.
- Ongoing Condition CARE shifts its focus to closing gaps in care and enhancing the member's self-management and self-advocacy skills. This member-focused program addresses the member's main concern whether it is family, transportation, lodging or comorbidities. Once the concern has been addressed, the member and nurse work together to effectively manage the condition. We have added 15 new conditions to our core program, expanding our reach to high-risk members in a variety of diagnostic groups.
- New Emerging CARE program focuses on at-risk members who are showing exacerbating behaviors, procedures or health condition which could result in progression to a more complex illness. Members are armed with education, innovative digital tools and resources setting the foundation for improved long-term empowerment. Key areas of focus include, but are not limited to, specialty medication support, ER visits of four or more, behavioral health and substance use disorder (BHSUD) support and preadmission counseling for elective surgeries. This program is a true total population health program.
- Advocacy for members and their families to ensure their health needs are well supported
- Expansive and thoughtful stratification to identify individuals with a wide variety of clinical circumstances
- Promotion of clinically appropriate treatment and cost-effective care
- Support of patients and caregivers during behavioral health/substance use disorder stays, inpatient discharge and with claims denial or appeals questions
- Work with providers to best manage care on behalf of patients
- Education and empowerment of members to care for themselves

## Integrated Medical with UMR and Optum RX

Our integrated proposal responds to many key market imperatives to deliver superior and expert implementation; provide specialty pharmacy expertise that manages trend while focusing on the member; have technologically-advanced pharmacy management processes; support safe and effective clinical and utilization management rules and programs; focus on responsive account management and quality customer service; coordinate with our UMR disease and case management partners; and offer SJVIA other critical areas to support day-to-day patient care and intelligent medical management.



Together with our sister company UMR, OptumRx offers a full spectrum of pharmacy management services including specialty pharmacy and medical spend care. The following advantages highlight some of the features our combined companies can offer:

- Single health management solution
- Clinical synchronization
- Coordinated implementation and plan management
- Specialty pharmacy Integration

These innovations and strengths are outlined below.

#### The Value of a Single Health Management Solution

The strength of an integrated model lies in the complete alignment of programming that eliminates the silos and fragmentation inherent in multiple-vendor models, and synchronized data and analytics that enable deep, 360-degree insights into clinical opportunities that are actionable regardless of where the member is in the health management environment.

There are many advantages to creating a fully integrated health management program by selecting OptumRx, including:

**Consistent member engagement and advocacy services across your entire population for all programs, eliminating complexity and guesswork and increasing satisfaction and engagement**

**Simplified billing and administration**

**Clinical Synchronization – The connection of pharmacy and care management systems through shared clinical protocols and aligned staffing, all of which allows for deeper clinical insights and better member outcomes and savings. We have provided more information on clinical synchronization below.**

#### Clinical Synchronization

At Optum and UMR, we have eliminated the barriers between a health plan's medical, clinical and pharmacy benefit solutions so that historically separated data, systems, staff and processes can be connected and aligned in ways that deliver value to both members and employers. This synchronization helps to improve medication adherence, identify possible drug interactions and maximize cost-saving opportunities. The connection enables us to engage members faster through a single clinical system and a care team with access to a 360 degree view of total health for each member, to speed critical decision-making.

Key components of our clinical synchronization approach are:

**Pharmacist Interventions.** Pharmacists are integral members of our clinical teams of personal nurses and medical directors, providing multifaceted care management interventions that are closely coordinated, highly efficient, and result in better, more holistic member care management.

**Better data.** The population data that is accessible in the clinical care platform is higher quality and more immediately accessible, including medical conditions, risk scores, medication history, current medications, and even insights into medication pricing and the availability of lower cost alternative medications—all of which can be viewed without having to consult an external vendor's portal.



**Innovative analytics.** Better data, along with close collaboration of pharmacy and clinical resources, make possible innovations in medication-focused population risk scoring and gap-in-care analysis, including a proprietary model for predicting medication compliance issues, as well as a scoring model for a member's medication adherence.

**Value-driven referrals.** Referrals make the most of every member engagement. A member calling into the mail service pharmacy may learn of an available condition management program. A member who is working with a nurse may learn which medications are available by mail, with support options including our staff reaching out the member's physician to obtain the prescription in mail service quantity (90 days).

### **Effective Implementation and Ongoing Plan Management**

SJVIA has our commitment to an immediate and efficient implementation: The underlying infrastructure that supports your plans, eligibility, banking, reporting, billing and other administrative provisions will be managed by UMR. Accordingly, your pharmacy implementation will focus on any pharmacy specific changes to these provisions, such as plan design, eligibility structure variances, pharmacy product adoptions, or open enrollment needs. One of our major goals throughout the implementation process is to minimize disruption for members while providing them with all of the information necessary to understand and maximize their new benefits.

From the initial implementation checklists, milestones and meetings to ongoing maintenance and support, we focus on quality and efficiency. You can expect a "no shades" view of the work we are performing on your behalf, including detailed documentation of client intent. Moreover, we maintain that focus on quality and efficiency even after the pharmacy implementation is complete.

### **Specialty Pharmacy**

Specialty pharmacy trend is one of the greatest threats to health care sustainability across the nation. OptumRx responds to this risk by offering a cost-effective integrated specialty program. Its scale, flexibility and leverage to navigate the financial challenges associated with complex and high-cost therapies, while helping members stay adherent with their chronic conditions helps make us a leader in specialty drug management.

Our service model offers care management, medication distribution, program referrals, utilization and disease management programs, outcomes analysis and reporting and member education to provide comprehensive care. This includes a specialty pharmacy live video consultation program, offering members personal contact with clinical pharmacists with face-to-face interaction that promotes adherence and provides member engagement, hands-on counseling services, and assistance to master medication administration. These virtual consultations improve member confidence and satisfaction, and facilitate better management of high-cost specialty medication.

Additionally, our specialty pharmacy program takes advantage of the expertise that UnitedHealth Group's family of health care companies has to offer. Members in need of additional support—clinically or otherwise—are referred to our case or disease management nurses who coordinate additional care and support, as necessary. These services provide the high-touch support required for chronic and complex conditions. As an example, our hepatitis C and multiple sclerosis clinical management programs include screening for depression and, if necessary, referrals to the appropriate health care service. Similarly, referrals to our oncology disease management program are provided for members receiving oral oncolytics.



**Eliminating any RX disruption:** UMR and OptumRx are very cognizant of SJVIA's concerns about member disruption and medication adherence. Accordingly, we are offering an additional service of Continuation of Therapy / grandfathering for excluded medications.

Continuation of Therapy is an exception process when a member receives an exception to a benefit coverage limit or other plan restriction. It is applied when a customer transitions from one PBM provider to another or when a benefit change occurs during the plan year. These exceptions can help minimize member disruption and support safety and continuity of care and may apply for a specific time period.

OptumRx is offering SJVIA Continuation of Therapy. We will work with SJVIA to develop appropriate Continuation of Therapy policies and offer recommendations that have a positive impact on member care and satisfaction.

Additionally, during implementation of SJVIA's plan, we analyze the recent, incumbent, pharmacy claims data to determine potential disruption due to formulary transition. We are able to load historical prior authorizations for formulary drugs with utilization management programs; however, such claims are excluded from rebate guarantees.

Our technical platform fully supports programming of Continuation of Therapy policies within our claims system at the plan and member level. This enables us to implement exceptions in real time, which avoids member disruption at the point of service and reduces the need for pharmacist or Help Desk intervention.

We do not apply charges for programming our system to accommodate these exceptions. However, when these exceptions are implemented, any savings estimates may need to be adjusted.

**UMR's ability to work with other PBM's:** We currently interface with 30 national and regional PBMs in serving customers and their plan members. This includes process and system integration for sharing claims and eligibility data and single sign-on (SSO) connectivity with umr.com.

**OptumRx's ability to work with other TPA's:** OptumRx is willing to work with most National TPA's in the market, should UMR not be selected as the Medical TPA.

## **UMR's Network solutions, Disruption and Repricing**

UMR offers access to the broad reach, deep discounts and innovation of the UnitedHealth Select and Select Plus Network, which continues to transform the health care system to achieve higher quality, and cost-effective care delivery. This is our solution for the SJVIA's EPO and PPO plan designs.

The UnitedHealthcare Select/Select Plus network offers a wide selection of quality health care providers, including 350 hospitals and more than 109,000 health care professionals throughout California. Our national network is automatically available for any members needing access outside of California.

Specific to the network discount analysis and repricing tools we are able to identify, from the information provided in the RFP to the level of detail associated with the amount of \$1,240,054 in Unable to Process amount.

These providers are not contracted with UHC or are competitor products and we do not include them in medical disruption (ie: within these records, Coram is example which is a pharmacy benefit and is always exclude it from our medical disruptions.)

UnitedHealthcare®



**Cost Exhibits**

UMR is offering a \$100,000 Wellness Credit to be used at SJVIA discretion.

UMR is offering \$50,000 Implementation and a \$50,000 Communications credit also to be used at SJVIA discretion.

UMR has updated the Cost Proposal Tab as instructed.

**Performance Guarantees**

UMR has updated the Performance Guarantee Tab as instructed.



**BOARD OF DIRECTORS**

STEVE BRANDAU  
NATHAN MAGSIG  
BUDDY MENDES  
LARRY MICARI  
BRIAN PACHECO  
AMY SHUKLIAN  
PETE VANDER POEL

**Meeting Location:  
County of Tulare  
Human Resources & Development Dept.  
Innovation Conference Room  
2500 W. Burrel Avenue  
Visalia, CA 93291**

**AGENDA DATE:** August 26, 2022

**ITEM NUMBER:** Item 14

**SUBJECT:** Receive Consultant's Plan Year 2023 Underwriting Renewal Report, approve 2023 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 Plan Year 2023 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:**

Keenan has prepared the proposal for the 2023 renewal for the SJVIA. The final renewal report updates the plan experience by one month, utilizing 12 months of data through June 2022. Keenan gave consideration to and implemented the following renewal factors:

- High claim cost smoothing strategy
- Margin adjustments
- Change in IBNR funding strategy
- Trend adjustments
- Cross subsidy strategy
- Reserve Accumulation Strategy
- EPO/Kaiser Parity strategy

These strategies resulted in a recommended rate adjustment of:

County of Fresno: +4.39% on the EPO and Kaiser plans, 0.00% on the PPO/HDHP, dental and vision coverage.

**AGENDA:** San Joaquin Valley Insurance Authority

**DATE:** August 26, 2022

County of Tulare: +5.00% on the PPO/HDHP plans, 2.64% on Kaiser plans, - 11.84% on KPSA, 0.00% on Dental and Vision coverage.

**FISCAL IMPACT/FINANCING:**

Based on underwriting requirements and carrier renewal requirements, the 2023 SJVIA renewal adjustment is 4.01% or \$4,806,034 (from \$119,978,682 in 2022 to \$124,784,716).

**ADMINISTRATIVE SIGN-OFF:**



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Hollis Magill  
SJVIA Manager



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Lupe Garza  
SJVIA Assistant Manager

August 26, 2022

## **SJVIA Board Meeting: Consultant's Report 2023 Final Renewal Report**

### **Introduction**

AP Keenan is pleased to present the SJVIA 2023 final renewal. The final renewal is prepared in accordance with SJVIA Board direction and standard insurance industry underwriting guidelines. Anthem Blue Cross medical, EmpiRx pharmacy, and Delta Dental PPO dental coverages are self-funded. Kaiser medical, Delta Dental DHMO, and VSP vision coverages are fully-insured.

The self-funded final renewal is produced with the following factors:

- The self-funded medical plans are underwritten on the most recent 12 months of plan experience available from July 1, 2021 through June 30, 2022
- All self-funded coverage is underwritten based on its own claim experience; the plan experience is considered 100% credible
- Fixed cost components continue to be blended for both participating entities to receive overall economies of scale and reduced fixed costs
- The final renewal assumes the continuation of the \$450,000 specific stop-loss deductible and a 10% increase in reinsurance cost
  - Please note, quotes will be solicited from the market for the Stop Loss line of coverage and staff will return at the December Board meeting with a complete analysis and recommendation
- The final renewal includes the June 30, 2022 actuarially certified IBNR reserve calculations. Please note that the recommended June 30, 2022 reserve level includes 15% margin (\$1,155,104)
- The 2023 rates include 1.5% margin for the County of Fresno and 0.0% margin for the County of Tulare.

We will work with Keenan's Benefits Underwriting and Actuarial Department (BUAD) to ensure the medical and pharmacy renewal projections take into consideration the past plan performance and the impact of COVID-19 on the plans.



## Executive Summary

Keenan is pleased to present the 2023 SJVIA final renewal. On an overall basis, the SJVIA renewal is 4.01% (County of Fresno 3.77% and County of Tulare 4.63%). The following table illustrates the 2023 final rate adjustments based on carrier requested renewals and standard underwriting practices:

Executive Summary	Final Renewal			Comments
	COF	COT	SJVIA	
Self-Funded Medical EPO w/out Parity	8.33%			The 2023 final renewal rates include \$783,407 in margin (1.5%) for COF, 0.0% for COT. COF's EPO Parity drops the EPO renewal from 8.33% to 4.39%. A 3.94% adjustment.
EPO w/ Kaiser Parity	4.39%	n/a	4.39%	
PPO / HDHP	0.00%	5.00%	3.99%	
Total	3.68%	5.00%	4.16%	
Kaiser HMO carrier rate	2.71%	2.72%	2.71%	The Kaiser carrier renewal proposes a 2.71% increase which is below trend and welcomed after two consecutive years of +9.0% increases. With Parity, the renewal is 4.39% and includes \$2,197,502 in Parity margin for the EPO plan.
HMO w/ EPO Parity	4.39%	n/a	4.39%	
HMO	n/a	2.65%	2.65%	
Deductible HMO	n/a	2.63%	2.63%	
Total	4.39%	2.64%	4.30%	
Kaiser Senior Advantage Medicare	n/a	-11.84%	-11.84%	The COT's 2023 Kaiser Medicare Senior Advantage rates reflect a significant decrease and applies to 11 retirees.
Delta Dental PPO	0.00%	0.00%	0.00%	The 2023 final renewal rate underwriting shows renewal rate decreases. Holding rates (0.00%) and applying a cross-subsidy of the decreased amounts to the self-funded medical plans. The Delta Dental DHMO rates remain unchanged with rates guaranteed through 2023.
DHMO	0.00%	0.00%	0.00%	
VSP	0.00%	0.00%	0.00%	The VSP rates remain unchanged with rates guaranteed through 2023.
Total M, D, V	3.77%	4.63%	4.01%	The 2023 renewals represent a \$3,255,302, \$1,550,731, and \$4,806,034 for COF, COT, and SJVIA respectively.

## Executive Summary

The following chart illustrates the projected cost for 2022 and 2023, the dollar cost differential, and percentage differential based on the recommended renewal action.

County of Fresno	2022	2023	\$ Difference	% Difference
EPO	\$ 45,342,715	\$ 47,332,748	\$ 1,990,034	4.39%
PPO/HDHP	\$ 7,595,969	\$ 7,595,969	\$ -	0.00%
Total Anthem	\$ 52,938,684	\$ 54,928,717	\$ 1,990,034	3.76%
Kaiser	\$ 28,828,583	\$ 30,093,851	\$ 1,265,269	4.39%
Kaiser - KPSA	\$ -	\$ -	\$ -	0.00%
Total Medical	\$ 81,767,266	\$ 85,022,569	\$ 3,255,302	3.98%
Delta Dental PPO	\$ 3,339,599	\$ 3,339,599	\$ -	0.00%
Delta Dental DHMO	\$ 815,369	\$ 815,369	\$ -	0.00%
Total Dental	\$ 4,154,968	\$ 4,154,968	\$ -	0.00%
Vision	\$ 530,803	\$ 530,803	\$ -	0.00%
<b>Grand Total</b>	<b>\$ 86,453,037</b>	<b>\$ 89,708,340</b>	<b>\$ 3,255,302</b>	<b>3.77%</b>
County of Tulare	2022	2023	\$ Difference	% Difference
EPO	\$ -	\$ -	\$ -	0.00%
PPO/HDHP	\$ 30,175,711	\$ 31,684,497	\$ 1,508,786	5.00%
Total Anthem	\$ 30,175,711	\$ 31,684,497	\$ 1,508,786	5.00%
Kaiser	\$ 1,586,916	\$ 1,628,861	\$ 41,945	2.64%
Kaiser - KPSA	\$ 39,729	\$ 35,027	\$ (4,702)	-11.84%
Total Medical	\$ 31,762,627	\$ 33,313,358	\$ 1,550,731	4.88%
Delta Dental PPO	\$ 1,418,776	\$ 1,418,776	\$ -	0.00%
Delta Dental DHMO	\$ 138,840	\$ 138,840	\$ -	0.00%
Total Dental	\$ 1,557,616	\$ 1,557,616	\$ -	0.00%
Vision	\$ 205,402	\$ 205,402	\$ -	0.00%
<b>Grand Total</b>	<b>\$ 33,525,645</b>	<b>\$ 35,076,376</b>	<b>\$ 1,550,731</b>	<b>4.63%</b>
SJVIA	2022	2023	\$ Difference	% Difference
EPO	\$ 45,342,715	\$ 47,332,748	\$ 1,990,034	4.39%
PPO/HDHP	\$ 37,771,680	\$ 39,280,466	\$ 1,508,786	3.99%
Total Anthem	\$ 83,114,395	\$ 86,613,214	\$ 3,498,819	4.21%
Kaiser	\$ 30,415,499	\$ 31,722,713	\$ 1,307,214	4.30%
Kaiser - KPSA	\$ 39,729	\$ 35,027	\$ (4,702)	-11.84%
Total Medical	\$ 113,529,893	\$ 118,335,927	\$ 4,806,034	4.23%
Delta Dental PPO	\$ 4,758,375	\$ 4,758,375	\$ -	0.00%
Delta Dental DHMO	\$ 954,209	\$ 954,209	\$ -	0.00%
Total Dental	\$ 5,712,584	\$ 5,712,584	\$ -	0.00%
Vision	\$ 736,205	\$ 736,205	\$ -	0.00%
<b>Grand Total</b>	<b>\$ 119,978,682</b>	<b>\$ 124,784,716</b>	<b>\$ 4,806,034</b>	<b>4.01%</b>

**Where will costs trend for 2023?**

As discussed at the July SJVIA Board meeting, 2023 is a difficult year to project claims. While dental and vision claim cost appear to have normalized to a post COVID trend, medical claims at times have shown normalization patterns but then we have high claim experience months that remind us of the impact of COVID on claim cost. The difficult question is, will we have a repeat of the last 12 months for 2023 or will medical costs normalize?

AP Keenan’s BUAD prepared a very conservative renewal projection assuming the past 12 months are indicative of what to expect for 2023 including applying high inflation and utilization factors, and high claim cost months. The following chart illustrates their renewal projections.

<b>SJVIA 2023 Renewal</b>	<b>County of Fresno EPO</b>	<b>County of Fresno PPO/HDHP</b>	<b>County of Tulare PPO/HDHP</b>	<b>SJVIA Total</b>
<b>Standard Renewal</b>	17.73%	-17.96%	21.81%	15.58%
\$ Difference PEPM	\$217.06	-\$148.26	\$169.32	\$153.11
\$ Difference Annual Total	\$8,059,004	-\$1,364,585	\$6,060,979	\$12,755,397

The result would be an overall increase of 12.62% (+\$6,694,419) to the County of Fresno, 21.81% (+6,060,979) to the County of Tulare, and 15.58% (+\$12,755,397) to the SJVIA. Based on:

- the Counties’ employee contribution model,
- the SJVIA’s reserving level, and
- the uncertainty of the realization of the conservative 2023 renewal projections,

AP Keenan used the above renewal projections as a starting point to achieve more a manageable 2023 renewal. The more manageable renewal provides significantly lower cost projections, lower employee contributions, and potentially the usage of the SJVIA’s excess margin reserve and stabilization reserve to fund a portion claim cost.

The following chart illustrates the revised 2023 renewal projection.

<b>SJVIA Proposed 2023 Renewal</b>	<b>County of Fresno EPO</b>	<b>County of Fresno PPO/HDHP</b>	<b>County of Tulare PPO/HDHP</b>	<b>SJVIA Total</b>
<b>Proposed Renewal</b>	8.33%	0.00%	5.00%	6.40%
\$ Difference PEPM	\$101.99	\$0.00	\$38.82	\$63.03
\$ Difference Annual Total	\$3,786,592	\$0	\$1,389,565	\$5,176,157

The adjustments to the renewal, account for a reduction in rates of \$7,579,241. To achieve these cost reductions AP Keenan made the following adjustments and implemented the following strategies:

- high claim cost smoothing strategy
- margin adjustments
- Change in IBNR funding strategy
- Trend adjustments
- Cross subsidy strategy
- Reserve Accumulation strategy
- EPO/Kaiser Parity strategy

The following chart illustrates the first four adjustments/strategies:

<b>SJVIA 2023 Renewal</b>	<b>County of Fresno EPO</b>	<b>County of Fresno PPO/HDHP</b>	<b>County of Tulare PPO/HDHP</b>	<b>SJVIA Total</b>
<b>Adverse Claim Activity</b>	120%	0%	110%	
Renewal Impact	-0.56%	0.00%	-5.51%	
\$ Difference PEPM	-\$6.81	\$0.00	-\$42.80	
\$ Difference Annual Total	-\$252,984	\$0	-\$1,531,945	-\$1,784,929
<b>Margin Adjustment</b>				
From:	3.00%	3.00%	3.00%	
Option 1 to:	1.50%	1.50%	1.50%	
Renewal Impact	-1.62%	-1.07%	-1.64%	
\$ Difference PEPM	-\$19.83	-\$8.83	-\$12.73	
\$ Difference Annual Total	-\$736,248	-\$81,271	-\$455,683	-\$1,273,203
From:	3.00%	3.00%	3.00%	
Option 2 to:	0.00%	0.00%	0.00%	
Renewal Impact	-3.24%	-2.13%	-3.27%	
\$ Difference PEPM	-\$39.67	-\$17.58	-\$25.39	
\$ Difference Annual Total	-\$1,472,868	-\$161,806	-\$908,860	-\$2,543,535
<b>Change in IBNR (funded from Reserve)</b>				
Renewal Impact	-0.39%	-0.28%	-0.59%	
\$ Difference PEPM	-\$4.79	-\$2.34	-\$4.56	
\$ Difference Annual Total	-\$177,698	-\$21,562	-\$163,250	-\$362,510
<b>Change in Trend Assumption</b>				
Medical From - To:	8.0% - 6.0%	5.0% - 5.0%	8.0% - 6.0%	
RX From - To:	9.0% - 6.5%	9.0% - 6.5%	9.0% - 6.5%	
Renewal Impact	-3.31%	-0.53%	-3.86%	
\$ Difference PEPM	-\$39.56	-\$4.29	-\$29.96	
\$ Difference Annual Total	-\$1,468,784	-\$39,485	-\$1,072,448	-\$2,580,717
<b>Total Adjustments</b>				
Renewal Impact	-5.80%	-1.88%	-13.23%	-7.95%
\$ Difference PEPM	-\$70.99	-\$15.46	-\$102.71	-\$74.80
\$ Difference Annual Total	-\$2,635,717	-\$142,294	-\$3,676,607	-\$6,454,618
<b>Adjusted Renewal</b>	<b>11.93%</b>	<b>-19.84%</b>	<b>8.58%</b>	<b>7.62%</b>
<b>\$ PEPM</b>	<b>\$1,370.41</b>	<b>\$661.57</b>	<b>\$842.99</b>	<b>\$1,061</b>
<b>\$ Annual Total</b>	<b>\$50,880,582</b>	<b>\$6,089,090</b>	<b>\$30,175,670</b>	<b>\$87,145,343</b>

**Adverse Claim Activity** - Adverse claim adjustment smooths out the claim cost over the experience period after stop loss reinsurance is applied. For County of Fresno, months with total cost loss ratios over 120% were capped at 120% of premium. For County of Tulare, months with total cost loss ratios over 110% were capped at 110% of premium. The County of Tulare had a lower cap since this was their first experience period which produced a deficit since 2016. The result removed \$252,984 in claim cost from the County of Fresno and \$1,531,945 from the County of Tulare for a total reduction of \$1,784,929. Another way of looking at the reductions is to label them as COVID related high cost months not expected to be repeated.

**Margin Adjustment** – The original renewal included 3.0% margin for both Counties. Based on the guidelines given by the SJVIA Board for the 2022 renewal, which was done in recognition of the SJVIA's reserve accumulation, these levels were reduced to the 2022 levels of 1.5% for the County of Fresno, and 0.0% for the County of Tulare. This reduced the renewal by \$817,520 for the County of Fresno and \$908,860 for the County of Tulare for a total reduction of \$1,726,380 for the SJVIA.

**Change in IBNR** – AP Keenan provided an update to the Actuarial certification of the Incurred But Not Reported (IBNR) reserve with a June 30, 2022 effective date. The update required addition funding of for medical and prescription drug IBNR claims of \$362,510. Based on the direction given by the SJVIA Board for the 2022 renewal, the change in IBNR was funded from SJVIA's reserve accumulation, rather than the rates. This same action for 2023 removes the \$362,510 from rates and requires the funding from reserves.

**Change in Trend** – Each year AP Keenan reduces the trend assumptions from carrier trend to a self-funded trend (which is typically 1.0% to 2.0% less). The revised medical trend is 6.0% for EPO and PPO (from 8.0%) and 6.5% (from 9.0) for prescription drugs. In discussing trend with our PBM EmpiRx, they stated their internal trend for the SJVIA was in the 4.0% range. The change in trend amounted to a \$1,508,269 reduction in projected claim cost for the County of Fresno, \$1,072,448 for the County of Tulare, and \$2,580,717 for the SJVIA in total.

Adding the results of these strategies and adjustments reduced the renewal for the County of Fresno EPO and PPO/HDHP \$2,778,011 and the County of Tulare \$3,676,607.

**Cross Subsidies** - Upon completion of these adjustments and strategies, AP Keenan applied cross subsidies from 1) the County of Fresno's PPO/HDHP plan to the EPO plan and 2) the Dental PPO plan to the EPO plan. The result achieved a reduced renewal for the EPO of 8.33% and a flat 0.00% for the PPO/HDHP plans. For the County of Tulare only the Dental PPO cross subsidy applied to the PPO/HDHP plans. A minor reduction in the renewal occurred from 8.58% to 8.44%.

<b>SJVIA</b>	<b>County of Fresno</b>	<b>County of Fresno</b>	<b>County of Tulare</b>
<b>Cross Subsidies</b>	<b>EPO</b>	<b>PPO/HDHP</b>	<b>PPO/HDHP</b>
Adjusted Renewal	11.93%	-19.84%	8.58%
\$ PEPM	\$1,370.41	\$661.57	\$842.99
\$ Annual Total	\$50,880,582	\$6,089,090	\$30,175,670
PPO/HDHP	-\$1,506,879	\$1,506,879	
Renewal Impact	\$49,373,704	\$7,595,969	
% Renewal Impact	8.62%	0.00%	
Dental	-\$130,030	0	-\$38,848
Renewal Impact	\$49,243,673	\$7,595,969	\$30,136,822
% Renewal Impact	8.33%	0.00%	8.44%
<b>Proposed Medical Renewals</b>	<b>8.33%</b>	<b>0.00%</b>	<b>8.44%</b>

**Reserve Accumulation Strategy**- The County of Tulare had an interest to have the PPO/HDHP renewal reduced to the budgeted amount of 5.00%. AP Keenan discussed a Reserve Accumulation Strategy where the difference between 8.44% and 5.00% (\$956,021) is used from the SJVIA reserves in lieu of increasing rates as is illustrated below:

<b>SJVIA Renewal</b>	<b>County of Fresno</b>	<b>County of Fresno</b>	<b>County of Tulare</b>
<b>Buy Down from Reserves</b>	<b>EPO</b>	<b>PPO/HDHP</b>	<b>PPO/HDHP</b>
Adjusted Renewal	8.33%	0.00%	8.44%
\$ PEPM	\$1,326.33	\$825.29	\$841.91
\$ Annual Total	\$49,243,888	\$7,595,969	\$30,136,884
Buy Back from Reserves	\$0	\$0	-\$956,021
% Renewal Impact	0.00%	0.00%	-8.44%
Final Renewal	\$49,243,888	\$7,595,969	\$29,180,863
<b>Proposed Medical Renewals</b>	<b>8.33%</b>	<b>0.00%</b>	<b>5.00%</b>

Consideration was given to this strategy due to the County's past contribution to the SJVIA's reserve accumulation. The July 2022 SJVIA Board report on Reserve reconciliation showed that the County of Tulare had a total net position of \$5,185,274, compared to the County of Fresno's minor deficit position of -\$203,853. See the chart below:

May 2022 Position	SJVIA	Fresno	Tulare	All Other
Medical/RX Performance	\$ (209,273)	\$ (7,905,108)	\$ 7,467,599	\$ 228,235
<u>Adjustments</u>	<u>\$ 28,460,527</u>	<u>\$ 23,501,743</u>	<u>\$ 5,356,616</u>	<u>\$ 253,852</u>
Total Gross Position	\$ 28,251,254	\$ 15,596,635	\$ 12,824,216	\$ 482,088
IBNR Reserve Requirement	\$ 8,450,550	\$ 5,605,410	\$ 2,845,140	\$ -
<u>Stabilization Reserve</u>	<u>\$ 14,988,880</u>	<u>\$ 10,195,078</u>	<u>\$ 4,793,802</u>	<u>\$ -</u>
Total Net Position	\$ 5,463,508	\$ (203,853)	\$ 5,185,274	\$ 482,088
Other Obligations				
COF Seed Money 2010	\$ 887,669			

**EPO/Kaiser Parity Strategy** - The County of Fresno's EPO/Kaiser parity strategy has been in place for several years and is a cross subsidy strategy. The goal is to have the EPO \$0 copayment plan rates the same as the Kaiser HMO rates. The reason for the cross subsidy is to eliminate adverse selection (healthier County of Fresno covered employees leaving the EPO plan for the lower costing Kaiser plan). With the implementation of the two new EPO plans for 2022, the County has mentioned that this will be its final year of applying the EPO/Kaiser Parity cross subsidy.

The impact of the EPO/Kaiser Parity reduces the EPO renewal from 8.33% to 4.39%. The Kaiser rates will increase from the Kaiser carrier renewal of 2.71% to 4.39% to achieve the Parity.

**Access to Care** - This renewal report assumes the SJVIA has been satisfied by Anthem relative to its concerns for access to care, ample network coverage and the impact of Anthem contracting delays with Adventist Health (especially for Tulare County). Should the SJVIA seek to contract with Blue Shield, AP Keenan estimates an increase in self-funded medical cost of 2.3% or \$1,263,360.

The balance of this report provides the underwriting, associated fixed costs, and rates for all lines of coverage.

## Self-funded Medical Underwriting EPO and PPO/HDHP

Line	EPO and PPO/HDHP Line Item/Description	Fresno			Tulare			Total		
		EPO	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Paid Claims (Jul 2021 through June 2022)	\$37,303,529	\$13,412,452	\$50,715,981	\$18,203,122	\$9,544,262	\$27,747,384	\$55,506,651	\$22,956,714	\$78,463,365
2	Claim Adjustments	(\$247,062)	(\$5,922)	(\$252,984)	(\$1,290,413)	(\$241,532)	(\$1,531,945)	(\$1,537,475)	(\$247,454)	(\$1,784,929)
3	Plan Change Adjustments	\$40,765	\$0	\$40,765	\$0	\$0	\$0	\$40,765	\$0	\$40,765
4	Rx Change Adjustments (Rx Rebates)	\$0	(\$1,665,082)	(\$1,665,082)	\$0	(\$1,058,718)	(\$1,058,718)	\$0	(\$2,723,800)	(\$2,723,800)
5	Large Claim Adjustment (Pooling Level: \$450,000)	<u>(\$907,034)</u>	<u>\$0</u>	<u>(\$907,034)</u>	<u>(\$138,916)</u>	<u>\$0</u>	<u>(\$138,916)</u>	<u>(\$1,045,950)</u>	<u>\$0</u>	<u>(\$1,045,950)</u>
6	Adjusted Paid Claims	\$36,190,198	\$11,741,448	\$47,931,646	\$16,773,793	\$8,244,012	\$25,017,805	\$52,963,991	\$19,985,460	\$72,949,451
7	Beginning Reserves @ 12/31/2021	(\$4,551,170)	(\$893,380)	(\$5,444,550)	(\$2,191,730)	(\$584,900)	(\$2,776,630)	(\$6,742,900)	(\$1,478,280)	(\$8,221,180)
8	Ending Reserves @ 6/30/2022	<u>\$4,718,350</u>	<u>\$925,460</u>	<u>\$5,643,810</u>	<u>\$2,281,330</u>	<u>\$658,550</u>	<u>\$2,939,880</u>	<u>\$6,999,680</u>	<u>\$1,584,010</u>	<u>\$8,583,690</u>
9	Change in IBNR	\$167,180	\$32,080	\$199,260	\$89,600	\$73,650	\$163,250	\$256,780	\$105,730	\$362,510
10	<b>Incurred Claims (Jul 2021 through Jun 2022)</b>	<b>\$36,190,198</b>	<b>\$11,741,448</b>	<b>\$47,931,646</b>	<b>\$16,773,793</b>	<b>\$8,244,012</b>	<b>\$25,017,805</b>	<b>\$52,963,991</b>	<b>\$19,985,460</b>	<b>\$72,949,451</b>
11	Total Covered Employees (May 2021 through Apr 2022)	<u>46,428</u>	<u>46,428</u>	<u>46,428</u>	<u>35,571</u>	<u>35,571</u>	<u>35,571</u>	<u>81,999</u>	<u>81,999</u>	<u>81,999</u>
12	Claims Cost PEPM	\$779.49	\$252.90	\$1,032.39	\$471.56	\$231.76	\$703.32	\$645.91	\$243.73	\$889.64
13	Trend Factor	<u>1.0895</u>	<u>1.0991</u>	<u>1.0919</u>	<u>1.0913</u>	<u>1.0991</u>	<u>1.0939</u>	<u>1.0901</u>	<u>1.0991</u>	<u>1.0926</u>
14	<b>Projected Claims Cost Per Employee</b>	<b>\$849.28</b>	<b>\$277.96</b>	<b>\$1,127.24</b>	<b>\$514.61</b>	<b>\$254.73</b>	<b>\$769.34</b>	<b>\$704.10</b>	<b>\$267.88</b>	<b>\$971.98</b>
15	Recommended Funding Margin	<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.85%</u>	<u>0.85%</u>	<u>0.85%</u>
16	<b>Adjusted Projected Claims</b>	<b>\$862.02</b>	<b>\$282.13</b>	<b>\$1,144.14</b>	<b>\$514.61</b>	<b>\$254.73</b>	<b>\$769.34</b>	<b>\$711.31</b>	<b>\$270.24</b>	<b>\$981.56</b>
<b>Fixed Costs PEPM</b>										
17	Specific Stop-Loss Premium PEPM (Estimate)			\$20.56			\$18.45			\$19.65
18	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00			\$0.00			\$0.00
19	Anthem Network & Administrative Fees			\$38.00			\$38.00			\$38.00
20	All Other Program Fees			<u>\$19.52</u>			<u>\$17.20</u>			<u>\$18.51</u>
21	<b>Total Fixed Costs</b>			<b>\$78.08</b>			<b>\$73.65</b>			<b>\$76.16</b>
22	<b>Required Premium PEPM</b>			<b>\$1,222.23</b>			<b>\$842.99</b>			<b>\$1,057.71</b>
23	<b>Current Premium PEPM</b>			<b>\$1,140.92</b>			<b>\$776.38</b>			<b>\$982.78</b>
24	<b>Required Increase</b>			<b>7.13%</b>			<b>8.58%</b>			<b>7.62%</b>
25	<b>Current Subscribers (June 2021)</b>	3,861	3,861	3,861	2,983	2,983	2,983	6,844	6,844	6,844
26	<b>Base Trend</b>	5.88%	6.50%	6.04%	6.00%	6.50%	6.17%	5.92%	6.50%	6.08%
27	<b>Months Trended</b>	18	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 are obtained from Anthem medical reports.



## Self-funded Medical Underwriting EPO

Line	EPO Line Item/Description	Fresno			Tulare			Total		
		Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Paid Claims (Jul 2021 through June 2022)	\$33,143,570	\$12,191,738	\$45,335,308				\$33,143,570	\$12,191,738	\$45,335,308
2	Claim Adjustments	-\$247,062	-\$5,922	-\$252,984				-\$247,062	-\$5,922	-\$252,984
3	Plan Change Adjustments	\$40,765	\$0	\$40,765				\$40,765	\$0	\$40,765
4	Rx Change Adjustments (Rx Rebates)	\$0	(\$1,483,980)	(\$1,483,980)				\$0	(\$1,483,980)	(\$1,483,980)
5	Large Claim Adjustment (Pooling Level: \$450,000)	<u>(\$907,034)</u>	<u>\$0</u>	<u>(\$907,034)</u>				<u>(\$907,034)</u>	<u>\$0</u>	<u>(\$907,034)</u>
6	Adjusted Paid Claims	\$32,030,239	\$10,701,836	\$42,732,075				\$32,030,239	\$10,701,836	\$42,732,075
7	Beginning Reserves @ 12/31/2021	(\$4,043,639)	(\$812,070)	(\$4,855,709)				(\$4,043,639)	(\$812,070)	(\$4,855,709)
8	Ending Reserves @ 6/30/2022	<u>\$4,192,176</u>	<u>\$841,231</u>	<u>\$5,033,407</u>				<u>\$4,192,176</u>	<u>\$841,231</u>	<u>\$5,033,407</u>
9	Change in IBNR	\$148,537	\$29,161	\$177,698				\$148,537	\$29,161	\$177,698
10	<b>Incurred Claims (Jul 2021 through Jun 2022)</b>	<b>\$32,030,239</b>	<b>\$10,701,836</b>	<b>\$42,732,075</b>				<b>\$32,030,239</b>	<b>\$10,701,836</b>	<b>\$42,732,075</b>
11	Total Covered Employees (May 2021 through Apr 2022)	<u>36,722</u>	<u>36,722</u>	<u>36,722</u>				<u>36,722</u>	<u>36,722</u>	<u>36,722</u>
12	Claims Cost PEPM	\$872.24	\$291.43	\$1,163.66				\$872.24	\$291.43	\$1,163.66
13	Trend Factor	<u>1.0913</u>	<u>1.0991</u>	<u>1.0933</u>				<u>1.0913</u>	<u>1.0991</u>	<u>1.0933</u>
14	<b>Projected Claims Cost Per Employee</b>	<b>\$951.87</b>	<b>\$320.31</b>	<b>\$1,272.18</b>				<b>\$951.87</b>	<b>\$320.31</b>	<b>\$1,272.18</b>
15	Recommended Funding Margin	<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>				<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>
16	<b>Adjusted Projected Claims</b>	<b>\$966.15</b>	<b>\$325.11</b>	<b>\$1,291.26</b>				<b>\$966.15</b>	<b>\$325.11</b>	<b>\$1,291.26</b>
	<b>Fixed Costs PEPM</b>									
17	Specific Stop-Loss Premium PEPM (Estimate)			\$21.60						\$21.60
18	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00						\$0.00
19	Anthem Network & Administrative Fees			\$38.00						\$38.00
20	All Other Program Fees			<u>\$19.55</u>						<u>\$19.55</u>
21	<b>Total Fixed Costs</b>			<b>\$79.15</b>						<b>\$79.15</b>
22	<b>Required Premium PEPM</b>			<b>\$1,370.41</b>						<b>\$1,370.41</b>
23	<b>Current Premium PEPM</b>			<b>\$1,224.34</b>						<b>\$1,224.34</b>
24	<b>Required Increase</b>			<b>11.93%</b>						<b>11.93%</b>
25	<b>Current Subscribers (June 2021)</b>	3,094	3,094	3,094				3,094	3,094	3,094
26	<b>Base Trend</b>	6.00%	6.50%	6.13%				6.00%	6.50%	6.13%
27	<b>Months Trended</b>	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 are obtained from Anthem medical reports.

### Self-funded Medical Underwriting PPO/HDHP

Line	PPO/HDHP Line Item/Description	Fresno			Tulare			Total		
		Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Paid Claims (Jul 2021 through June 2022)	\$4,159,959	\$1,220,714	\$5,380,673	\$18,203,122	\$9,544,262	\$27,747,384	\$22,363,081	\$10,764,976	\$33,128,057
2	Claim Adjustments	\$0	\$0	\$0	-\$1,290,413	-\$241,532	-\$1,531,945	(\$1,290,413)	(\$241,532)	(\$1,531,945)
3	Plan Change Adjustments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Rx Change Adjustments (Rx Rebates)	\$0	(\$181,102)	(\$181,102)	\$0	(\$1,058,718)	(\$1,058,718)	\$0	(\$1,239,820)	(\$1,239,820)
5	Large Claim Adjustment (Pooling Level: \$450,000)	\$0	\$0	\$0	(\$138,916)	\$0	(\$138,916)	(\$138,916)	\$0	(\$138,916)
6	Adjusted Paid Claims	\$4,159,959	\$1,039,612	\$5,199,571	\$16,773,793	\$8,244,012	\$25,017,805	\$20,933,752	\$9,283,624	\$30,217,376
7	Beginning Reserves @ 12/31/2021	(\$507,531)	(\$81,310)	(\$588,841)	(\$2,191,730)	(\$584,900)	(\$2,776,630)	(\$2,699,261)	(\$666,210)	(\$3,365,471)
8	Ending Reserves @ 6/30/2022	\$526,174	\$84,229	\$610,403	\$2,281,330	\$658,550	\$2,939,880	\$2,807,504	\$742,779	\$3,550,283
9	Change in IBNR	\$18,643	\$2,919	\$21,562	\$89,600	\$73,650	\$163,250	\$108,243	\$76,569	\$184,812
10	<b>Incurred Claims (Jul 2021 through Jun 2022)</b>	<b>\$4,159,959</b>	<b>\$1,039,612</b>	<b>\$5,199,571</b>	<b>\$16,773,793</b>	<b>\$8,244,012</b>	<b>\$25,017,805</b>	<b>\$20,933,752</b>	<b>\$9,283,624</b>	<b>\$30,217,376</b>
11	Total Covered Employees (May 2021 through Apr 2022)	9,706	9,706	9,706	35,571	35,571	35,571	45,277	45,277	45,277
12	Claims Cost PEPM	\$428.60	\$107.11	\$535.71	\$471.56	\$231.76	\$703.32	\$462.35	\$205.04	\$667.39
13	Trend Factor	1.0759	1.0991	1.0805	1.0913	1.0991	1.0939	1.0882	1.0991	1.0916
14	<b>Projected Claims Cost Per Employee</b>	<b>\$461.13</b>	<b>\$117.72</b>	<b>\$578.85</b>	<b>\$514.61</b>	<b>\$254.73</b>	<b>\$769.34</b>	<b>\$503.15</b>	<b>\$225.36</b>	<b>\$728.51</b>
15	<u>Recommended Funding Margin</u>	<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>
16	<b>Adjusted Projected Claims</b>	<b>\$468.04</b>	<b>\$119.49</b>	<b>\$587.53</b>	<b>\$514.61</b>	<b>\$254.73</b>	<b>\$769.34</b>	<b>\$510.69</b>	<b>\$228.74</b>	<b>\$739.43</b>
<b>Fixed Costs PEPM</b>										
17	Specific Stop-Loss Premium PEPM (Estimate)			\$16.64			\$18.45			\$18.06
18	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00			\$0.00			\$0.00
19	Anthem Network & Administrative Fees			\$38.00			\$38.00			\$38.00
20	All Other Program Fees			\$19.40			\$17.20			\$17.67
21	<b>Total Fixed Costs</b>			<b>\$74.04</b>			<b>\$73.65</b>			<b>\$73.73</b>
22	<b>Required Premium PEPM</b>			<b>\$661.57</b>			<b>\$842.99</b>			<b>\$813.17</b>
23	<b>Current Premium PEPM</b>			<b>\$825.29</b>			<b>\$776.38</b>			<b>\$786.86</b>
24	<b>Required Increase</b>			<b>-19.84%</b>			<b>8.58%</b>			<b>3.34%</b>
25	<b>Current Subscribers (June 2021)</b>	767	767	767	2,983	2,983	2,983	3,750	3,750	3,750
26	<b>Base Trend</b>	5.00%	6.50%	5.30%	6.00%	6.50%	6.17%	5.80%	6.50%	6.02%
27	<b>Months Trended</b>	18	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 are obtained from Anthem medical reports.

**Self-funded Dental Underwriting Total SJVIA**

Dental PPO		County of Fresno	County of Tulare	SJVIA
1	Paid Claims (7/1/2021 - 6/30/2022)	\$2,773,103	\$1,152,275	\$3,925,378
2	Beginning Reserve (12/31/21)	(160,860)	(68,510)	(229,370)
3	Ending Reserve (06/30/22)	193,920	78,210	272,130
4	Change in IBNR Reserve (funded from Margin Reserve)	33,060	9,700	42,760
5	Incurred Claims	\$2,773,103	\$1,152,275	\$3,925,378
6	Covered Employees	55,740	31,537	87,277
7	Incurred Claims/EE/Month	\$49.75	\$36.54	\$44.98
8	Trend Factor 4.0%	1.0606	1.0606	1.0606
9	Expected Incurred Claims (1/1/2023 - 12/31/2023)	\$52.77	\$38.75	\$47.70
10	Administration	\$4.19	\$4.19	\$4.19
11	Covid-19 Adjustment	\$0.00	\$0.00	\$0.00
12	Margin 2.0%	\$1.06	\$0.78	\$0.95
13	Calculated Funding Level	\$58.02	\$43.72	\$52.84
14	Current Average Funding Level	\$60.37	\$44.95	\$54.77
15	Calculated Funding Action	-3.89%	-2.74%	-3.53%

**Fully Insured Vision Underwriting Total SJVIA** - The plan is fully-insured with VSP with a two-year rate guarantee for 2022 and 2023.

SJVIA Vision		County of Fresno	County of Tulare	SJVIA
1	Paid Claims (7/1/2021 - 6/30/2022)	\$388,135	\$188,372	\$576,506
2	Beginning Reserve 5%	(20,017)	(9,777)	(29,794)
3	Ending Reserve 5%	19,407	9,419	28,826
4	Incurred Claims	\$387,524	\$188,013	\$575,538
5	Covered Employees	51,149	34,403	85,552
6	Incurred Claims/EE/Month	\$7.58	\$5.47	\$6.73
7	Trend Factor	3.0%	1.0453	1.0453
8	Expected Incurred Claims (1/1/2023 - 12/31/2023)	\$7.92	\$5.71	\$7.03
9	Administration	\$1.36	\$0.75	\$1.12
10	Covid-19 Adjustment	\$0.00	\$0.00	\$0.00
11	Recommended Margin = Margin %	1.5%	\$0.12	\$0.09
12	Calculated Funding Level With Margin	\$9.40	\$6.55	\$8.25
13	Current Average Funding Level	\$10.42	\$5.98	\$8.64
14	Calculated Funding Action With Margin = (14)/(15)	-9.74%	9.62%	-4.41%

## Kaiser – County of Fresno

County of Fresno Bi-Weekly Rates (26)*	Lives	2022					2023 (Prior to Parity)				
		Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate	Kaiser Rate	1.5% Margin	SJVIA Admin.	Vision	SJVIA Rate
Subscriber Only	1,394	\$ 398.14	\$ 22.32	\$ 5.82	\$ 3.64	\$ 429.92	\$ 408.93	\$ 6.13	\$ 5.62	\$ 3.64	\$ 424.32
Subscriber & Spouse	113	\$ 714.51	\$ 52.89	\$ 5.82	\$ 6.54	\$ 779.76	\$ 733.87	\$ 11.01	\$ 5.62	\$ 6.54	\$ 757.04
Subscriber & Child(ren)	445	\$ 629.91	\$ 41.43	\$ 5.82	\$ 6.42	\$ 683.58	\$ 646.97	\$ 9.70	\$ 5.62	\$ 6.42	\$ 668.71
Subscriber & Family	114	\$ 945.50	\$ 67.16	\$ 5.82	\$ 9.39	\$ 1,027.87	\$ 971.12	\$ 14.57	\$ 5.62	\$ 9.39	\$ 1,000.70
Annual Amount	2,066	\$26,619,937	\$ 1,642,764	\$ 312,627	\$ 253,254	\$28,828,583	\$27,341,212	\$ 409,938	\$ 301,884	\$ 253,254	\$28,306,287
\$ Difference							\$ 721,274	\$(1,232,827)	\$ (10,743)	\$ -	\$ (522,296)
% Difference							2.71%	-75.05%	-3.44%	0.00%	-1.81%
* Excludes adjustment for EPO/Kaiser Parity											
County of Fresno Bi-Weekly Rates (26)*	Parity	2023 Enrollment					2023 SJVIA Rates (After Kaiser/EPO Parity)				
		Kaiser	EPO \$0	EPO \$500	EPO \$1000	Total	Kaiser	EPO \$0	EPO \$500	EPO \$1000	Total
Subscriber Only		1,394	1,510	85	198	3,187	\$ 448.79	\$ 448.79	\$ 408.08	\$ 384.60	
Subscriber & Spouse		113	245	8	21	387	\$ 813.98	\$ 813.98	\$ 739.11	\$ 696.59	
Subscriber & Child(ren)		445	677	31	58	1,211	\$ 713.58	\$ 713.58	\$ 647.91	\$ 610.67	
Subscriber & Family		114	215	9	37	375	\$ 1,072.98	\$ 1,072.98	\$ 973.84	\$ 917.85	
Annual Amount		2,066	2,647	133	314	5,160	\$30,093,851	\$41,362,941	\$ 1,805,686	\$ 4,164,121	\$77,426,599
\$ Difference							\$ 1,265,269	\$ 1,739,043	\$ 75,922	\$ 175,069	\$ 3,255,302
% Difference							4.39%	4.39%	4.39%	4.39%	4.39%

## Kaiser - County of Tulare

County of Tulare Monthly HMO Rates	Lives	2022					2023				
		Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate	Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate
Subscriber Only	65	\$ 904.49	\$ -	\$ 10.63	\$ -	\$ 915.12	\$ 929.05	\$ -	\$ 10.18	\$ -	\$ 939.23
Subscriber & Spouse	3	\$ 1,808.98	\$ -	\$ 10.63	\$ -	\$ 1,819.61	\$ 1,858.10	\$ -	\$ 10.18	\$ -	\$ 1,868.28
Subscriber & Child(ren)	9	\$ 1,637.12	\$ -	\$ 10.63	\$ -	\$ 1,647.75	\$ 1,681.57	\$ -	\$ 10.18	\$ -	\$ 1,691.75
Subscriber & Family	3	\$ 2,713.47	\$ -	\$ 10.63	\$ -	\$ 2,724.10	\$ 2,787.16	\$ -	\$ 10.18	\$ -	\$ 2,797.34
Annual Amount	80	\$ 1,045,119	\$ -	\$ 10,205	\$ -	\$ 1,055,324	\$ 1,073,498	\$ -	\$ 9,773	\$ -	\$ 1,083,271
\$ Difference							\$ 28,379	\$ -	\$ (432)	\$ -	\$ 27,947
% Difference							2.72%	0.00%	-4.23%	0.00%	2.65%
County of Tulare Monthly DHMO Rates	Lives	2022					2023				
		Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate	Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate
Subscriber Only	39	\$ 693.29	\$ -	\$ 10.63	\$ -	\$ 703.92	\$ 712.15	\$ -	\$ 10.18	\$ -	\$ 722.33
Subscriber & Spouse	3	\$ 1,386.58	\$ -	\$ 10.63	\$ -	\$ 1,397.21	\$ 1,424.29	\$ -	\$ 10.18	\$ -	\$ 1,434.47
Subscriber & Child(ren)	10	\$ 1,254.85	\$ -	\$ 10.63	\$ -	\$ 1,265.48	\$ 1,288.98	\$ -	\$ 10.18	\$ -	\$ 1,299.16
Subscriber & Family	0	\$ 2,079.86	\$ -	\$ 10.63	\$ -	\$ 2,090.49	\$ 2,136.45	\$ -	\$ 10.18	\$ -	\$ 2,146.63
Annual Amount	52	\$ 524,959	\$ -	\$ 6,633	\$ -	\$ 531,592	\$ 539,238	\$ -	\$ 6,352	\$ -	\$ 545,591
\$ Difference							\$ 14,280	\$ -	\$ (281)	\$ -	\$ 13,999
% Difference							2.72%	0.00%	-4.23%	0.00%	2.63%
County of Tulare Monthly KPSA Rates	Lives	2022					2023				
		Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate	Kaiser Rate	Margin	SJVIA Admin.	Vision	SJVIA Rate
Retiree Only (M)	10	\$ 266.15	\$ -	\$ 10.63	\$ -	\$ 276.78	\$ 233.91	\$ -	\$ 10.18	\$ -	\$ 244.09
Retiree & Spouse (MM)	1	\$ 532.30	\$ -	\$ 10.63	\$ -	\$ 542.93	\$ 467.82	\$ -	\$ 10.18	\$ -	\$ 478.00
Annual Amount	11	\$ 38,325.60	\$ -	\$ 1,403	\$ -	\$ 39,729	\$ 33,683	\$ -	\$ 1,344	\$ -	\$ 35,027
\$ Difference							\$ (4,643)	\$ -	\$ (59)	\$ -	\$ (4,702)
% Difference							-12.11%	0.00%	-4.23%	0.00%	-11.84%

## Delta Dental – DHMO

<b>County of Fresno - DHMO</b>	<b>Enrollment</b>	<b>2022</b>	<b>2023</b>
Employee Only	1423	\$ 27.38	\$ 27.38
Employee + Spouse	161	\$ 47.51	\$ 47.51
Employee + Children	325	\$ 47.83	\$ 47.83
Employee + Family	84	\$ 68.95	\$ 68.95
Total	1993	\$ 815,369	\$ 815,369
\$ Difference			\$ -
% Difference			0.00%
<b>County of Tulare - DHMO</b>	<b>Enrollment</b>	<b>2022</b>	<b>2023</b>
Employee Only	287	\$ 27.38	\$ 27.38
Employee + Spouse	20	\$ 47.51	\$ 47.51
Employee + Children	39	\$ 47.83	\$ 47.83
Employee + Family	13	\$ 68.95	\$ 68.95
Total	359	\$ 138,840	\$ 138,840
\$ Difference			\$ -
% Difference			0.00%

2023 Delta Dental DHMO rates are guaranteed for 2022 and 2023.

## Vision Service Plan – VSP

<b>County of Fresno</b>	<b>Enrollment</b>	<b>2022</b>	<b>2023</b>
Employee Only	2781	\$ 7.89	\$ 7.89
Employee + Spouse	402	\$ 14.18	\$ 14.18
Employee + Children	791	\$ 13.90	\$ 13.90
Employee + Family	275	\$ 20.35	\$ 20.35
Total	4249	\$ 530,803	\$ 530,803
\$ Difference			\$ -
% Difference			0.00%
<b>County of Tulare</b>	<b>Enrollment</b>	<b>2022</b>	<b>2023</b>
Employee Only	2254	\$ 5.02	\$ 5.02
Employee + Spouse	201	\$ 8.47	\$ 8.47
Employee + Children	292	\$ 8.96	\$ 8.96
Employee + Family	111	\$ 13.36	\$ 13.36
Total	2858	\$ 205,402	\$ 205,402
\$ Difference			\$ -
% Difference			0.00%

2023 VSP are guaranteed for 2022 and 2023.



## SJVIA – Fixed Costs

SJVIA Fixed Costs (PEPM)	County of Fresno		County of Tulare	
	2022	2023	2022	2023
Actual Specific Stop-Loss Premium Employee Only	\$13.79	TBD	\$13.79	TBD
Actual Specific Stop-Loss Premium Employee + Dependents	\$27.69	TBD	\$27.69	TBD
Estimated Specific PPO/HDHP Stop-Loss Premium PEPM	\$16.83	\$16.64	\$19.08	\$18.45
Estimated Specific EPO Stop-Loss Premium PEPM	\$24.19	\$21.60	N/A	N/A
Aggregate Stop-Loss Premium PEPM	N/A	N/A	N/A	N/A
PPO/HDHP Anthem Network & Admin. Fees	\$36.10	\$38.00	\$36.10	\$38.00
EPO Anthem Network & Admin. Fees	\$50.78	\$38.00	N/A	N/A
EmpiRx Administration Fee (EPO/PPO/HDHP)	\$3.54	\$3.35	\$3.54	\$3.35
Wellness	\$2.50	\$2.50	\$2.50	\$2.50
Claims Mgmt/Communication	\$0.50	\$0.50	\$0.50	\$0.50
Keenan Consulting Fee	\$2.88	\$2.43	\$2.88	\$2.43
Keenan Pharmacy Services Fee (EPO/PPO/HDHP)	\$2.04	\$1.92	\$2.04	\$1.92
SJVIA Fee	\$2.00	\$2.00	\$2.00	\$2.00
MyWorkplace - Benefits Administration	\$2.75	\$2.75	\$2.75	\$2.75
ASi - COBRA and Retiree Administration	\$2.00	\$2.00	\$0.00	\$0.00
PCORI/Transitional Reinsurance Fees PPO/HDHP	\$0.28	\$0.30	\$0.34	\$0.36
PCORI/Transitional Reinsurance Fees EPO	\$0.49	\$0.45	N/A	N/A
98.6 Rider	\$1.57	\$1.65	\$1.07	\$1.39
<b>Total Fixed Cost - Self-Funded PPO Medical Plans</b>	<b>\$72.99</b>	<b>\$74.04</b>	<b>\$72.80</b>	<b>\$73.65</b>
<b>Total Fixed Cost - Self-Funded HDHP HSA Medical Plans</b>	<b>\$72.99</b>	<b>\$74.04</b>	<b>\$72.80</b>	<b>\$73.65</b>
<b>Total Fixed Cost - Self-Funded EPO Medical Plans</b>	<b>\$95.24</b>	<b>\$79.15</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Fixed Cost - Kaiser</b>	<b>\$12.63</b>	<b>\$12.18</b>	<b>\$10.63</b>	<b>\$10.18</b>
<b>Total Fixed Cost - Delta Dental</b>	<b>\$4.19</b>	<b>\$4.19</b>	<b>\$4.19</b>	<b>\$4.19</b>

## County of Fresno – Rate Worksheet

County of Fresno Rates to be remitted to SJVIA	Monthly Rates				Bi-Weekly Rates				Monthly Rates				Bi-Weekly Rates			
	Effective January 1, 2022				Effective December 13, 2021				Effective January 1, 2023				Effective December 12, 2022			
	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA
Anthem PPO \$250	\$1,187.65	\$2,493.10	\$2,258.71	\$3,444.21	\$548.15	\$1,150.66	\$1,042.48	\$1,589.64	\$1,187.65	\$2,493.10	\$2,258.71	\$3,444.21	\$548.15	\$1,150.66	\$1,042.48	\$1,589.64
Anthem PPO \$1,500 Retiree	\$914.24	\$1,618.51	\$1,428.18	\$2,130.68	N/A	N/A	N/A	N/A	\$914.24	\$1,618.51	\$1,428.18	\$2,130.68	N/A	N/A	N/A	N/A
Anthem PPO \$3,000	\$653.08	\$1,383.36	\$1,240.23	\$1,889.95	\$301.42	\$638.47	\$572.41	\$872.28	\$653.08	\$1,383.36	\$1,240.23	\$1,889.95	\$301.42	\$638.47	\$572.41	\$872.28
Anthem EPO 500 (includes VSP Vision)	\$846.99	\$1,534.09	\$1,344.79	\$2,021.28	\$390.92	\$708.04	\$620.67	\$932.90	\$884.18	\$1,601.41	\$1,403.81	\$2,109.99	\$408.08	\$739.11	\$647.91	\$973.84
Anthem EPO 1000 (includes VSP Vision)	\$798.26	\$1,445.81	\$1,267.49	\$1,905.07	\$368.43	\$667.30	\$585.00	\$879.26	\$833.30	\$1,509.28	\$1,323.12	\$1,988.68	\$384.60	\$696.59	\$610.67	\$917.85
Anthem EPO 0 (includes VSP Vision)	\$931.49	\$1,689.48	\$1,481.09	\$2,227.05	\$429.92	\$779.76	\$683.58	\$1,027.87	\$972.38	\$1,763.63	\$1,546.09	\$2,324.79	\$448.79	\$813.98	\$713.58	\$1,072.98
Kaiser HMO (includes EPO parity)	\$931.49	\$1,689.48	\$1,481.09	\$2,227.05	\$429.92	\$779.76	\$683.58	\$1,027.87	\$972.38	\$1,763.63	\$1,546.09	\$2,324.79	\$448.79	\$813.98	\$713.58	\$1,072.98
Delta Dental PPO	\$50.29	\$80.19	\$69.88	\$102.58	\$23.21	\$37.01	\$32.25	\$47.34	\$50.29	\$80.19	\$69.88	\$102.58	\$23.21	\$37.01	\$32.25	\$47.34
Delta Dental DHMO	\$27.38	\$47.51	\$47.83	\$68.95	\$12.64	\$21.93	\$22.08	\$31.82	\$27.38	\$47.51	\$47.83	\$68.95	\$12.64	\$21.93	\$22.08	\$31.82
VSP Vision	\$7.89	\$14.18	\$13.90	\$20.35	\$3.64	\$6.54	\$6.42	\$9.39	\$7.89	\$14.18	\$13.90	\$20.35	\$3.64	\$6.54	\$6.42	\$9.39
<b>SJVIA Fixed Costs Remitted to Vendors/Carriers for County of Fresno</b>	<b>Effective January 1, 2022</b>				<b>Effective December 13, 2021</b>				<b>Effective January 1, 2023</b>				<b>Effective December 12, 2022</b>			
	<b>PEPM</b>				<b>PEPM</b>				<b>PEPM</b>				<b>PEPM</b>			
Stop Loss PPO/HDHP (Renewal Estimates)		\$16.83				\$7.77				\$16.64				\$7.68		
Stop Loss EPO (Renewal Estimates)		\$24.19				\$11.16				\$21.60				\$9.97		
Anthem PPO/HDHP Admin Fee		\$36.10				\$16.66				\$38.00				\$17.54		
Anthem EPO Admin Fee		\$50.78				\$23.44				\$38.00				\$17.54		
EmpiRx EPO/PPO		\$3.54				\$1.63				\$3.35				\$1.55		
Wellness		\$2.50				\$1.15				\$2.50				\$1.15		
Claims Mgmt/Communication		\$0.50				\$0.23				\$0.50				\$0.23		
Keenan Consulting		\$2.88				\$1.33				\$2.43				\$1.13		
KPS Pharmacy EPO/PPO		\$2.04				\$0.94				\$1.92				\$0.89		
SJVIA Administration		\$2.00				\$0.92				\$2.00				\$0.92		
Myworkplace - Benefits Administration		\$2.75				\$1.27				\$2.75				\$1.27		
ASI - Benefits Administration		\$2.00				\$0.92				\$2.00				\$0.92		
PCORI/Transitional Reinsurance PPO/HDHP		\$0.28				\$0.13				\$0.30				\$0.14		
PCORI/Transitional Reinsurance EPO		\$0.49				\$0.23				\$0.45				\$0.21		
98.6 Rider		\$1.57				\$0.72				\$1.65				\$0.77		
<b>Total Fixed Cost - Self-Funded PPO Medical Plans</b>		<b>\$72.99</b>				<b>\$33.67</b>				<b>\$74.04</b>				<b>\$34.18</b>		
<b>Total Fixed Cost - Self-Funded HDHP Medical Plans</b>		<b>\$67.41</b>				<b>\$31.10</b>				<b>\$74.04</b>				<b>\$34.18</b>		
<b>Total Fixed Cost - Self-Funded EPO Medical Plans</b>		<b>\$95.24</b>				<b>\$43.94</b>				<b>\$79.15</b>				<b>\$36.54</b>		
<b>Total Fixed Cost - Kaiser</b>		<b>\$12.63</b>				<b>\$5.82</b>				<b>\$12.18</b>				<b>\$5.63</b>		
<b>Total Fixed Cost - Delta Dental</b>		<b>\$4.19</b>				<b>\$1.93</b>				<b>\$4.19</b>				<b>\$1.93</b>		

## County of Fresno – Rate Worksheet

SJVIA Claims Funding / Reserve Accumulation County of Fresno	Effective January 1, 2022				Effective December 13, 2021				Effective January 1, 2023				Effective December 12, 2022			
	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA
Anthem PPO \$250	\$1,114.66	\$2,420.11	\$2,185.72	\$3,371.22	\$514.48	\$1,116.99	\$1,008.81	\$1,555.97	\$1,113.61	\$2,419.06	\$2,184.67	\$3,370.17	\$514.48	\$1,116.99	\$1,008.81	\$1,555.97
Anthem PPO \$1,500 Retiree	\$846.83	\$1,551.10	\$1,360.77	\$2,063.27	N/A	N/A	N/A	N/A	\$840.20	\$1,544.47	\$1,354.14	\$2,056.64	N/A	N/A	N/A	N/A
Anthem PPO \$3,000	\$585.67	\$1,315.95	\$1,172.82	\$1,822.54	\$270.32	\$607.37	\$541.31	\$841.18	\$579.04	\$1,309.32	\$1,166.19	\$1,815.91	\$270.32	\$607.37	\$541.31	\$841.18
Anthem EPO 500	\$743.86	\$1,424.67	\$1,235.65	\$1,905.69	\$343.34	\$657.56	\$570.31	\$879.57	\$797.14	\$1,508.08	\$1,310.76	\$2,010.49	\$343.34	\$657.56	\$570.31	\$879.57
Anthem EPO 1000	\$695.13	\$1,336.39	\$1,158.35	\$1,789.48	\$320.85	\$616.82	\$534.64	\$825.93	\$746.26	\$1,415.95	\$1,230.07	\$1,889.18	\$320.85	\$616.82	\$534.64	\$825.93
Anthem EPO 0	\$828.36	\$1,580.06	\$1,371.95	\$2,111.46	\$382.34	\$729.28	\$633.22	\$974.54	\$885.34	\$1,670.30	\$1,453.04	\$2,225.29	\$382.34	\$729.28	\$633.22	\$974.54
Kaiser HMO	\$56.23	\$128.74	\$103.67	\$165.83	\$25.96	\$59.43	\$47.85	\$76.55	\$74.19	\$161.39	\$132.13	\$208.50	\$25.96	\$59.43	\$47.85	\$76.55
Delta Dental PPO	\$46.10	\$76.00	\$65.69	\$98.39	\$21.28	\$35.08	\$30.32	\$45.41	\$46.10	\$76.00	\$65.69	\$98.39	\$21.28	\$35.08	\$30.32	\$45.41
Delta Dental DHMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SJVIA Rates Remitted to Carriers County of Fresno	Effective January 1, 2022				Effective December 13, 2021				Effective January 1, 2023				Effective December 12, 2022			
	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA	EE	ES	EC	FA
Kaiser HMO	\$862.63	\$1,548.11	\$1,364.79	\$2,048.59	\$398.14	\$714.51	\$629.91	\$945.50	\$886.01	\$1,590.06	\$1,401.78	\$2,104.11	\$408.93	\$733.87	\$646.97	\$971.12
Delta Dental DHMO	\$27.38	\$47.51	\$47.83	\$68.95	\$12.64	\$21.93	\$22.08	\$31.82	\$27.38	\$47.51	\$47.83	\$68.95	\$12.64	\$21.93	\$22.08	\$31.82
VSP Vision	\$7.89	\$14.18	\$13.90	\$20.35	\$3.64	\$6.54	\$6.42	\$9.39	\$7.89	\$14.18	\$13.90	\$20.35	\$3.64	\$6.54	\$6.42	\$9.39
*Stop Loss PPO/HDHP (Contract Rates)	\$13.79	\$27.69	\$27.69	\$27.69	\$6.37	\$12.78	\$12.78	\$12.78	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
*Stop Loss EPO (Contract Rates)	\$13.79	\$27.69	\$27.69	\$27.69	\$6.37	\$12.78	\$12.78	\$12.78	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

\* Note To be determined (TBD) will be available December, 2022

## County of Tulare – Rate Worksheet

2022 County of Tulare Rates to be remitted to SJVIA	Monthly Rates Effective January 1, 2022				Monthly Rates Effective January 1, 2023			
	EE	ES	EC	FA	EE	ES	EC	FA
	Anthem \$0	\$923.46	\$1,845.92	\$1,685.05	\$2,798.59	\$969.63	\$1,938.22	\$1,769.30
Anthem \$500	\$695.38	\$1,391.44	\$1,274.40	\$2,194.65	\$730.15	\$1,461.01	\$1,338.12	\$2,304.38
Anthem \$750	\$610.83	\$1,220.80	\$1,120.16	\$1,861.01	\$641.37	\$1,281.84	\$1,176.17	\$1,954.06
Anthem \$2,500	\$578.92	\$1,156.93	\$1,061.56	\$1,763.69	\$607.87	\$1,214.78	\$1,114.64	\$1,851.87
Kaiser HMO	\$915.12	\$1,819.61	\$1,647.75	\$2,724.10	\$939.23	\$1,868.28	\$1,691.75	\$2,797.34
Kaiser DHMO	\$703.92	\$1,397.22	\$1,265.48	\$2,090.50	\$722.33	\$1,434.47	\$1,299.16	\$2,146.63
KPSA -Medicare Senior Advantage	\$276.78	\$542.93			\$244.09	\$478.00		
Delta Dental PPO	\$36.64	\$63.51	\$71.97	\$106.84	\$36.64	\$63.51	\$71.97	\$106.84
Delta Dental DHMO	\$27.38	\$47.51	\$47.83	\$68.95	\$27.38	\$47.51	\$47.83	\$68.95
VSP Vision	\$5.02	\$8.47	\$8.96	\$13.36	\$5.02	\$8.47	\$8.96	\$13.36
SJVIA Fixed Costs Remitted to Vendors/Carriers County of Tulare	County of Tulare - PEPM 2022				County of Tulare - PEPM 2023			
Stop Loss PPO/HDHP (Renewal Estimate)			\$19.08				\$18.45	
Anthem PPO/HDHP Administration Fee			\$36.10				\$38.00	
EmpiRx PPO Administration Fee			\$3.54				\$3.35	
Wellness			\$2.50				\$2.50	
Claims Mgmt/Communication			\$0.50				\$0.50	
Keenan Consulting			\$2.88				\$2.43	
KPS Pharmacy PPO			\$2.04				\$1.92	
SJVIA Administration			\$2.00				\$2.00	
MyWorkplace - Benefits Administration			\$2.75				\$2.75	
ASi - COBRA and Retiree Administration			\$0.00				\$0.00	
PCORI/Transitional Reinsurance PPO/HDHP			\$0.34				\$0.36	
98.6 Rider			\$1.07				\$1.39	
<b>Total Fixed Cost - Self-Funded PPO Medical Plans</b>			<b>\$72.80</b>				<b>\$73.65</b>	
<b>Total Fixed Cost - Self-Funded HDHP Medical Plans</b>			<b>\$67.22</b>				<b>\$73.65</b>	
<b>Total Fixed Cost - Kaiser</b>			<b>\$10.63</b>				<b>\$10.18</b>	
<b>Total Fixed Cost - Delta Dental PPO</b>			<b>\$4.19</b>				<b>\$4.19</b>	

## County of Tulare – Rate Worksheet

SJVIA Claims Funding / Reserve Accumulation County of Tulare	2022				2023			
	EE	ES	EC	FA	EE	ES	EC	FA
Anthem \$0	\$850.66	\$1,773.12	\$1,612.25	\$2,725.79	\$895.98	\$1,864.57	\$1,695.65	\$2,864.87
Anthem \$500	\$622.58	\$1,318.64	\$1,201.60	\$2,121.85	\$656.50	\$1,387.36	\$1,264.47	\$2,230.73
Anthem \$750	\$538.03	\$1,148.00	\$1,047.36	\$1,788.21	\$567.72	\$1,208.19	\$1,102.52	\$1,880.41
Anthem \$2,500	\$511.70	\$1,089.71	\$994.34	\$1,696.47	\$534.22	\$1,141.13	\$1,040.99	\$1,778.22
Kaiser HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser DHMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KPSA -Medicare Senior Advantage	\$0.00	\$0.00			\$0.00	\$0.00		
Delta Dental PPO	\$32.45	\$59.32	\$67.78	\$102.65	\$32.45	\$59.32	\$67.78	\$102.65
Delta Dental DHMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SJVIA Rates Remitted to Carriers County of Tulare	2022				2023			
	EE	ES	EC	FA	EE	ES	EC	FA
Kaiser HMO	\$904.49	\$1,808.98	\$1,637.12	\$2,713.47	\$929.05	\$1,858.10	\$1,681.57	\$2,787.16
Kaiser DHMO	\$693.29	\$1,386.59	\$1,254.85	\$2,079.87	\$712.15	\$1,424.29	\$1,288.98	\$2,136.45
KPSA -Medicare Senior Advantage	\$266.15	\$532.30			\$233.91	\$467.82		
Delta Dental DHMO	\$27.38	\$47.51	\$47.83	\$68.95	\$27.38	\$47.51	\$47.83	\$68.95
VSP Vision	\$5.02	\$8.47	\$8.96	\$13.36	\$5.02	\$8.47	\$8.96	\$13.36
*Stop Loss PPO/HDHP (Contract Rates)	\$13.79	\$27.69	\$27.69	\$27.69				
*Stop Loss EPO (Contract Rates)	\$0.00	\$0.00	\$0.00	\$0.00				
* Note will be available December, 2022								