

Cigna Benefit Solutions for: City of Coconut Creek

RFP No. 06-05-24-11

Electronic Submission

June 2024

A Proposal for:

Medical, Pharmacy, Dental, Vision, Behavioral Health, and EAP Coverage

Provided by:

Listed below are the legal names of the companies submitting this response to the City of Coconut Creek Request for Proposal. In this proposal, the name "Cigna" and other service marks, or division/trade names, may be used to refer to these companies and/or the products and services offered by them or their affiliates. All affiliated Cigna companies and operating subsidiaries are indirectly wholly owned subsidiaries of The Cigna Group*, a publicly traded corporation.

Cigna Health and Life Insurance Company (CHLIC)
Evernorth Care Solutions, Inc.
Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health of Florida, Inc.

*As of February 13, 2023, the name "Cigna Corporation" was changed to "The Cigna Group." Any reference in this proposal to the "Cigna Corporation" is a reference to "The Cigna Group."



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Cigna Financials and Guarantees



June 3, 2024

City of Coconut Creek
Randolph Merchant
Procurement Analyst
4800 West Copans Road
Coconut Creek, FL 33063

RE: City of Coconut Creek RFP No. 06-05-24-11– Effective 10/1/2024

On behalf of Cigna Healthcare, thank you for the opportunity to participate in the request for proposal for the City of Coconut Creek. We are pleased to submit our Fully Insured proposal for Medical, Dental, Vision, and Employee Assistance Program.

We have organized our proposal around the required business elements noted in the RFP and followed the Proposal Format outlined in Section II - Special terms and Conditions. Our proposal is a firm and irrevocable offer for ninety (90) days from the date of the Proposal opening.

We have thoroughly reviewed the requirements and service expectations of the RFP and are confident that we remain the best partner to meet and exceed the needs of the City of Coconut Creek. We are committed to providing the City with best-in-class service for your employees and their families.

We know the employees of the City of Coconut Creek are not just members or customers. They are complex human beings with personal relationships, financial responsibilities, and life struggles. Cigna Healthcare understands the unique and diverse needs of the City and the challenges of providing competitive benefits, while balancing total costs and improvement of your population's health.

Today, we provide a national network of hospitals and providers with no disruption for your population as well as affordable and innovative pharmacy benefit management solutions. We deliver integrated solutions (across medical, dental and EAP) as well as value through a unique combination of strong business fundamentals, clinical expertise, multimedia communications, and health care knowledge.

Our goal is to provide the right services and solutions, in the right setting, at the right time, to address the diverse health needs of our customers and patients in a highly personalized way – each and every day.

Cigna Healthcare is the business partner of choice offering health plans to America's local governments and school districts for more than half a century. In the State of Florida alone, we provide benefit programs to a total of 210 Government and Education clients, servicing 520,607 members.

Proposal Highlights

Fully Insured Medical Plan Options -

- Matching current OAP HSA and OAPIN plans.
- Alternate plans – OAP HSA 1, OAP HSA 2, OAPIN 1 and OAPIN 2.

Fully Insured Dental Plan Options -

- Matching current DPPO and DHMO plans.
- Enhanced DPPO benefits – composite fillings and implant coverage

Fully Insured Vision Plan Options –

- Matching current standard vision exam only plan
- Alternate buy up vision plan

Performance Guarantees with \$17,123 at risk – medical and dental performance guarantees for implementation, call and claim readiness, claim processing and payment accuracy, account management.

Wellness Fund - annual \$50,000 allowance each year for the life of the contract.

FSA, COBRA and Retiree Billing Services administration fee subsidy paid to City's vendor of choice.

MDLIVE dedicated virtual provider for urgent care, primary care, wellness screenings, dermatology and behavioral health.

Smart Support - 24/7/365 Customer Service with our Government Concierge Service Model. Live interactions through multiple modalities (online, telephone, mobile, chat and email).

National, seamless network for all medical plans - Open Access Plus (OAP)

Cigna Dental Oral Health Integration program – reimburse out of pocket costs for enhanced dental benefits that help to promote optimal oral health for patients with qualifying medical conditions.

Our proposal reflects our ability to deliver on commitments and be a trusted business partner of choice for the City of Coconut Creek. Thank you for the opportunity and we look forward to the next step of the RFP process.

The primary contact authorized to make representations for the purpose of this RFP is:

Yesenia Sanchez
Cigna Health and Life Insurance Company (CHLIC)
Vice President and Authorized Signatory
1571 Sawgrass Corporate Parkway, Suite 300
Sunrise, FL 33323
Email - yesi.sanchez@cignahealthcare.com
Office Telephone Number - (954) 514-6887
Mobile Telephone Number - (954) 303-9804

Sincerely,



Kimberly Funderburk, Vice President

SECTION IV - REQUIRED DOCUMENTS**Proposal Requirements Checklist**

Proposer has completed the required documents listed in the checklist below. The required documents shall be executed, notarized (if applicable), and submitted as a condition to this Request for Proposals.

Proposer shall electronically submit all required documents and any other pertinent information electronically through the eBid System.

Required Documents	Yes	No
Proposer Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposal Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule of Proposal Prices and Benefits (Applicable Lines)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indemnification Clause	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Collusive Affidavit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposer's Qualification Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug-Free Workplace Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sworn Statement on Public City Crimes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exceptions to the RFP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operational Plan – Scope of Services Proposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposal: (1) Qualifications and Experience (2) Resources and Availability (3) References	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Questionnaire Response Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business Tax Receipt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copies of Valid Licenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>

City of Coconut Creek **BUSINESS TAX RECEIPT**

Name of Business: CIGNA HEALTH & LIFE INSURANCE CO

Business ID: 1100000054

Business Address:
TAX DEPARTMENT C6TAX
HARTFORD, CT 06152

EXPIRES 9/30/2024

Development Name:

Zoning Certificate On: 10/7/2010

DESCRIPTION	CATEGORY	LICENSE #	FEE AMT
INSURANCE AGENT (OUT OF AREA)	103000	IL11000024	127.61



Exempt Amt: .00
Delinquent Amt: .00
Transfer Amt: .00
TOTAL TAX: 127.61

BUSINESS TAX RECEIPT AND ZONING CERTIFICATE MUST BE
CONSPICUOUSLY DISPLAYED FOR PUBLIC VIEW AT BUSINESS
LOCATION.

Sustainable Development Designee



4800 West Copans Road
Coconut Creek, Florida 33063

CIGNA HEALTH & LIFE INSURANCE CO
ATTN: ACCOUNTS PAYABLE TL14C
1601 CHESTNUT ST
PHILADELPHIA, PA 19192-2141



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED The Cigna Group 900 Cottage Grove Road Bloomfield CT 06002 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Property & Casualty Insurance Co.		20699
	INSURER D: American Guarantee & Liability Ins Co		26247
	INSURER E: Lexington Insurance Company		19437
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570106027009 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

INSR LTR		TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		HD0G47313958 SIR applies per policy terms & conditions	07/01/2023	07/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000,000 \$2,000,000 \$5,000 \$2,000,000 \$4,000,000 \$2,000,000
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H10708904 SIR applies per policy terms & conditions	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$2,000,000
C	X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XEUG7258448A002 Excludes Pol# #35407110	07/01/2023	07/01/2024	EACH OCCURRENCE AGGREGATE	\$10,000,000 \$10,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC70313728	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
E		Managed Care Liability			33085874 Managed Care E&O SIR applies per policy terms & conditions	07/01/2023	07/01/2024	Agg-Claims Made	\$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Products Liability policy #35407110 evidenced on this certificate is a claims made policy. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies where required by written contract. See the attached list of additional Named Insureds.

CERTIFICATE HOLDER City of Coconut Creek - Procurement Division Attn: Risk Manager 4800 West Copans Road Coconut Creek FL 33063 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Holder Identifier :

Certificate No : 570106027009





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Cigna Group	
POLICY NUMBER See Certificate Numbe 570106027009			
CARRIER See Certificate Numbe 570106027009	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
D				AXF967096615	07/01/2023	07/01/2024	Aggregate	\$5,000,000
							Each Occurrence	\$5,000,000
	OTHER							
E	Products Liability			35407110 Express Scripts Only	07/01/2023	07/01/2024	Comp/Op Agg	\$4,000,000

Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
Allegiance Benefit Plan Management, Inc.
Allegiance Cobra Services, Inc.
Bravo Health Mid-Atlantic, Inc.
Brighter Inc.
Biopartners in Care, Inc.
Brookwood Management Partners, LLC
Care Continuum, Inc.
CareCore National Group, LLC
CareCore National Intermediate Holdings, LLC
CareCore National, LLC
CareCore NJ, LLC
CareNext Managed Care, LLC
CareNext Post-Acute, LLC
Chiro Alliance Corporation
Cigna Corporate Services, LLC
Cigna Dental Health of California, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of Missouri
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health, Inc.
Cigna European Services (UK) Limited
Cigna Health and Life Insurance Company
Cigna Health Management, Inc.
Cigna Healthcare of Arizona, Inc.
Cigna Healthcare of California, Inc.
Cigna HealthCare of Colorado, Inc.
Cigna HealthCare of Connecticut, Inc.
Cigna HealthCare of Florida, Inc.
Cigna Healthcare of Georgia, Inc.
Cigna HealthCare of Illinois, Inc.
Cigna HealthCare of Indiana, Inc.
Cigna HealthCare of New Hampshire, Inc.
Cigna HealthCare of New Jersey, Inc.
Cigna Healthcare of North Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna HealthCare of South Carolina, Inc.
Cigna Healthcare of Tennessee, Inc.
Cigna HealthCare of Texas, Inc.
Cigna Healthcare of Utah, Inc.
Cigna Healthcare, Inc.
Connecticut General Life Insurance Company
Cotricity Health Group, PC
CuraScript, Inc.
Diversified NY IPA, Inc.
Diversified Pharmaceutical Services, Inc.
Econdisc Contracting Solutions, LLC
ESI Canada
ESI GP Canada ULC
ESI GP Holdings, Inc.
ESI GP2 Canada ULC
ESI Mail Order Processing, Inc.
ESI Mail Pharmacy Service, Inc.
ESI Partnership
ESI Resources, Inc.
Evernorth Behavioral Care Group of California, P.C.
Evernorth Behavioral Care Group of Florida, P.A.
Evernorth Behavioral Care Group of New Jersey, P.C.
Evernorth Behavioral Care Group of New York, P.C.
Evernorth Behavioral Health Inc.
f/k/a Cigna Behavioral Health, Inc.
Evernorth Behavioral Health of California, Inc.
f/k/a Cigna Behavioral Health of California, Inc.
Evernorth Behavioral Health of Texas, Inc.
f/k/a Cigna Behavioral Health of Texas, Inc.
Evernorth Care Group f/k/a Cigna Medical Group
Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
eviCore healthcare MSI, LLC
Express Reinsurance Company
Express Scripts Administrators LLC
Express Scripts Canada Co.
Express Scripts Canada Holding Co.
Express Scripts Canada Holding, LLC
Express Scripts Canada Services
Express Scripts Canada Wholesale
Express Scripts Holding Company
Express Scripts Holding Company, Inc.
Express Scripts, Inc.
Express Scripts Pharmaceutical Procurement, LLC

Additional Named Insureds (2 of 2)

Express Scripts Pharmacy Atlantic, Ltd.
Express Scripts Pharmacy Central, Ltd.
Express Scripts Pharmacy Ontario, Ltd.
Express Scripts Pharmacy West, Ltd.
Express Scripts Pharmacy, Inc.
Express Scripts Sales Operations, Inc.
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Services Co.
Express Scripts Utilization Management Company
Freco, Inc.
Freedom Service Company, LLC
Gulfquest, LP
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
HealthCare of Colorado, Inc.
Healthspring Life & Health Insurance Company, Inc.
Healthspring of Florida, Inc.
Healthspring USA, LLC
Healthspring, Inc.
Home Physicians Management, LLC
Innovative Product Alignment, LLC
Inside RX, LLC
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, Inc.
MDLIVE, Inc.
Medco Containment Insurance Company of NY
Medco Containment Life Insurance Company
Medco Health Services, Inc.
Medco Health Solutions, Inc.
MedSolutions Holdings, Inc.
MedSolutions of Texas, Inc.
MHS Holdings, CV
MSI Health Organization of Texas, Inc.
MyM Technology Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
Newquest Management Northeast, LLC
Newquest Management of Alabama, LLC
Newquest, LLC
Palladian Health of Florida, LLC
Palladian Independent Practice Association, LLC
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc. dba CuraScript
Specialty Distribution
QPID Health, LLC
Quallent Pharmaceuticals Health LLC
Specialty Products Acquisitions, LLC
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Tel-Drug of Pennsylvania, L.L.C.
Tel-Drug, Inc.
Verity Solutions Group, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX No.: (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED The Cigna Group 900 Cottage Grove Road Bloomfield CT 06002 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B: Lexington Insurance Company	NAIC # 19437
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570106027022 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

TYPE	TYPE OF INSURANCE	AGG. LIMIT	CURR. YEAR	POLICY NUMBER	COVERAGE (BODILY)	COVERAGE (NON-BODILY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
B	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached list of additional Named Insured.

This document has been redacted in accordance with Section 119.0725(2), F.S.

CERTIFICATE HOLDER City of Coconut Creek - Procurement Division Attn: Risk Manager 4800 West Copans Road Coconut Creek FL 33063 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central Inc</i>

Certificate No.:



Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
AS Acquisition Corp.
Biopartners in Care, Inc.
Care Continuum, Inc.
CareCore National Group, LLC
CareCore NJ, LLC (dba eviCore healthcare NJ ODS)
CCN NMO, LLC (dba eviCore healthcare IPA)
CCN-WYN IPA, LLC (dba eviCore healthcare IPA)
Chiro Alliance Corporation
Choicelinx Corporation
Cigna Arbor Life Insurance Company
CIGNA Corporation
Cigna Corporation Et Al
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
CIGNA EUROPE INSURANCE COMPANY S.A.-N.V.
Cigna European Services UK Limited (CESL)
Cigna European Services UK Limited, Barcelona
Cigna Global Health Benefits (CGHB)
Cigna Health and Life Insurance Company (CHLIC)
Cigna Health Management Inc.
Cigna Healthcare Eastern Technology Services Company Limited
CIGNA HEALTHCARE OF CALIFORNIA, INC.
Cigna HealthCare of Connecticut, Inc
Cigna Healthcare of Georgia, Inc.
Cigna Healthcare of South Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna HLA Technology Services LTD
Cigna Insurance Middle East S.A.L.
Cigna International Health Services BVBA
Cigna Life Insurance Company of Canada
Cigna Life Insurance Company of Europe, Madrid
Connecticut General Life Insurance Company (CGLIC)
Cotricity Health Group, PC
CuraScript, Inc.
Diversified NY IPA, Inc
Diversified Pharmaceutical Services, Inc.
DNA Direct, Inc.
Econdisc Contracting Solutions, LLC
ESI Canada
ESI GP Canada ULC
ESI GP Holdings, Inc.
ESI GP2 Canada ULC
ESI Mail Order Processing, Inc.
ESI Mail Pharmacy Service, Inc.
ESI Partnership
ESI Resources, Inc.
Evernorth Behavioral Care Group of California, P.C.
Evernorth Behavioral Care Group of Florida, P.A.
Evernorth Behavioral Care Group of New Jersey, P.C.
Evernorth Behavioral Care Group of New York, P.C.
Evernorth Behavioral Health Inc.
f/k/a Cigna Behavioral Health, Inc.
Evernorth Behavioral Health of California, Inc.
f/k/a Cigna Behavioral Health of California, Inc.
Evernorth Behavioral Health of Texas, Inc.
f/k/a Cigna Behavioral Health of Texas, Inc.
Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
eviCore healthcare MSI, LLC (dba eviCore healthcare)
Express Reinsurance Company
Express Scripts Administrators LLC
Express Scripts Canada Co.
Express Scripts Canada Holding Co.
Express Scripts Canada Holding, LLC
Express Scripts Canada Services
Express Scripts Canada Wholesale
Express Scripts Holding Company, Inc.
Express Scripts Pharmaceutical Procurement, LLC
Express Scripts Pharmacy Atlantic, Ltd.
Express Scripts Pharmacy Central, Ltd.
Express Scripts Pharmacy Ontario, Ltd.
Express Scripts Pharmacy West, Ltd.
Express Scripts Pharmacy, Inc.
Express Scripts Sales Operations, Inc.
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Services Co.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Utilization Management Company

Additional Named Insureds (2 of 2)

Express Scripts, Inc.
Freco, Inc.
Freedom Service Company, LLC
GulfQuest, LP
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
HealthFortis, Inc.
HealthSpring, Inc.
HealthSpring Life & Health Insurance Company, Inc.
HealthSpring of Florida, Inc.
Innovative Product Alignment, LLC
Inside RX, LLC
Integricare Healthplan of Texas, Inc.
L&C Investments, LLC
Landmark Healthcare Arizona, Inc.
Landmark Healthcare Colorado, Inc.
(dba eviCore healthcare MSK Colorado)
Landmark Healthcare New Jersey, Inc.
Landmark Healthcare New Mexico, Inc.
Landmark Healthcare Services, Inc.
(dba eviCore Healthcare MSK Services)
Landmark Healthcare, Inc.
(dba eviCore healthcare MSK)
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, Inc.
MDLIVE, Inc.
Medco Containment Insurance Company of NY
Medco Containment Life Insurance Company
Medco Europe, LLC

Medco Europe II, LLC
Medco Health Puerto Rico, LLC
Medco Health Services, Inc.
Medco Health Solutions [Ireland] Limited
Medco Health Solutions, Inc.
Medco International Holdings, BV
MedSolutions Holdings, Inc.
MedSolutions Holdings, Inc.
MedSolutions of Texas, Inc.
MedSolutions, Inc. (dba eviCore healthcare)
MHS Holdings, CV
MSI Health Organization of Texas, Inc.
MyM Technology Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
New Quest Management of Alabama LLC
Palladian Health of Florida, LLC
Palladian Independent Practice Association, LLC
Premerus, Inc.
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc. dba CuraScript
Specialty Distribution
QPID Health, Inc.
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Strategic Pharmaceutical Investments, LLC
Systemed, LLC
The Vaccine Consortium, LLC
Triad Healthcare, Inc. (dba eviCore healthcare
MSK Services of Connecticut)
Verity Solutions Group, Inc.

Certificate of Authority

AL00455

STATE OF FLORIDA
OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

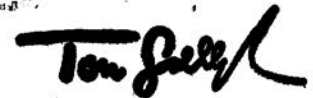
THIS IS TO CERTIFY THAT:

CIGNA DENTAL HEALTH OF FLORIDA INC
1525 NW 167 ST/SALES ADMIN/4TH FLOOR
MIAMI, FLORIDA 33169

HAS DULY QUALIFIED PURSUANT TO CHAPTER 636, FLORIDA
STATUTES FOR A PREPAID LIMITED HEALTH SERVICE ORGANIZATION
CERTIFICATE OF AUTHORITY AND IS HEREBY AUTHORIZED TO WRITE
THE FOLLOWING LINE(S) OF BUSINESS.

0451 DENTAL PLANS

ISSUE DATE	TYPE	CLASS	APPLICATION	TAXES & FEES	COMPANY CODE	EXPIRATION DATE
06 01 94	10	36	45091501	500.00	66007	



TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

Florida Office of Insurance Regulation

**CIGNA HEALTH AND LIFE INSURANCE
COMPANY**

Is hereby authorized to transact insurance in the
State of Florida.

This certificate signifies that the company has
satisfied all requirements of Florida Insurance
Code for the issuance of a Life And Health Insurer
Certificate Of Authority and remains subject to the
laws of Florida.

Date of Issuance: February 17, 1964

No. 10 - 591031071



Kevin M. McCarty
Commissioner
Office of Insurance Regulation



**Cigna Implementation Guide
Implementation Project Plan**

City of Coconaut Creek

3336278

Effective Date: 10/01/2024

Task	Responsibility		Start Date	Target Completion Date	Actual Completion Date	Comments
	Cigna	City of Coconaut Creek				
Notification of Sale Hold Customer Interface Session (CIS) (Discuss benefits, HIPAA elections, reporting, structure, billing, eligibility, pre- and post-enrollment materials, claim forms, ID cards, schedule on-going weekly implementation status calls)	X	X	7/11/2024	7/11/2024		
Provide Initial Benefit Summaries *			7/11/2024	8/1/2024		
Provide updated Administrative Summary with changes from the Implementation Meeting	X		7/18/2024	7/25/2024		
Provide updated Structure with changes from the Implementation Meeting			7/18/2024	7/25/2024		
Provide updated Benefit Summaries			8/1/2024	8/8/2024		
Cigna receives approval of proposed employer benefit summaries, summary of benefits and coverage, administrative summary and structure		X	8/8/2024	8/15/2024		
Plan enrollment meetings	X	X	TBD	TBD		
Set up the Pre-Enrollment Line. Cigna Sales will test line to ensure appropriate handling of questions. (cannot initiate set up request until employer benefits are approved.)	X		8/15/2024	8/29/2024		



**Cigna Implementation Guide
Implementation Project Plan**

City of Coconut Creek

3336278

Effective Date: 10/01/2024

Task	Responsibility			Start Date	Target Completion Date	Actual Completion Date	Comments
	Cigna	City of Coconut Creek	TPV Eligibility				
Go Live Date for pre-enrollment line Account structure in production, Cigna can now accept live eligibility	X			TBD	TBD		
Signed documents received from Client	X	X		8/15/2024	9/16/2024		
Conduct Enrollment meetings	X	X	X	8/15/2024	9/13/2024		
Open Enrollment Period -				TBD	TBD		
Provide ID Card Pre-Proofs to the Client for review and approval	X			9/16/2024	9/23/2024		
Submit open enrollment eligibility to Cigna		X	X	9/16/2024	9/17/2024		
Load open enrollment eligibility into Cigna's eligibility system	X			9/17/2024	9/24/2024		



**Cigna Implementation Guide
Implementation Project Plan**

City of Coconut Creek

3336278

Effective Date: 10/01/2024

Task	Responsibility			Start Date	Target Completion Date	Actual Completion Date	Comments
	Cigna	City of Coconut Creek	TPV Eligibility				
Cigna conducts Billing conference call; review pre-invoice Release eligibility to ID card vendor for production	X	X	X	9/24/2024	10/1/2024		
All ID cards are in the mail	X			9/25/2024	10/2/2024		
Mail first bill	X			9/28/2024	9/28/2024		
Call ready	X			9/16/2024	10/1/2024		
Pharmacy Access to Care Ready	X			10/1/2024	10/1/2024		
C/claim system released	X			9/16/2024	10/21/2024		
Review and approve benefit description certificate draft(s)		X		9/16/2024	10/28/2024		
Celebrate Implementation Success and discuss ongoing reporting and administrative procedures	X	X	X				

The dates included in this Implementation Project Plan are subject to change. If a change is necessary, Cigna will work with you to reach a new agreement that reflects the changes in circumstances.

The term "Cigna" refers to the various entities which will provide the coverage and/or services described, including, but not limited to, Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna HealthCare, Cigna Dental, Intracorp, and Cigna Behavioral Care.

City of Coconut Creek Dedicated Cigna Team

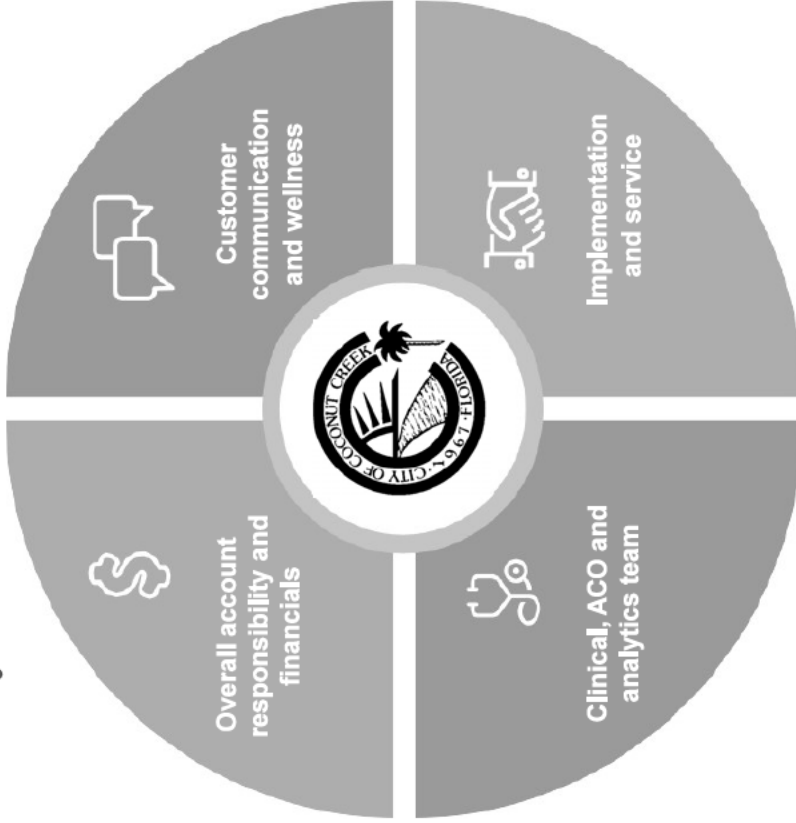
Behind you every step of the way.

- **Dina D'Angelo**
Senior Client Manager
- **Joyce Lau**
Client Account Support Advisor
- **Raul Loys**
Existing Business Sales Manager

- **Dr. Marco Vitiello**
Senior Medical Executive
- **Stu Rosenthal**
AVP, Provider Network Management & ACO
- **Matt Williams**
Pharmacy Clinical Account Manager
- **Rick Pryce**
Client Informatics

- **Nicole Watson**
Engagement Consultant

- **Carisa Conn**
Implementation Manager
- **Melissa Beer**
Client Service Executive



Yesenia Sanchez
Market Growth Leader
Executive Sponsor



Resume



1571 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323
954-790-8152

Dina D'Angelo
Senior Client Manager
South Florida Market

Dina is a licensed Health and Life Insurance Agent in the State of Florida. She has over 27 years of experience in the healthcare industry.

Dina D'Angelo joined Cigna in April of 2006. Prior to joining Cigna, she held positions in Provider Relations, Contracting and Client Management with Tenet, HCA and United Healthcare.

As a Senior Client Manager, Dina is responsible for renewal of accounts, service team supervision, renewal strategy discussions with clients and brokers, financial and claims experience reporting. Dina also participates in new account installation and finalist presentations. Her book of business consists of middle market municipality business in the State of Florida.

Resume



1571 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323
954-514-6767

Joyce Lau Client Account Manager South Florida Market

Joyce Lau is a Client Account Manager based in the Cigna office in Sunrise, Florida. In this role, she partners closely with the Client Manager to ensure best-in-class service delivery and customer satisfaction. Her responsibilities include renewal implementation, client reporting and working closely with departments across the organization to address and resolve operational concerns impacting client satisfaction.

Joyce joined Cigna in February 1998 and have 25 years of work experience with Cigna Healthcare. She began her career as a Billing Analyst for one year and transitioned into Dental Underwriting as a Financial Underwriter for five years. Joyce was then promoted to the position of Regional Director of Underwriting and lead a team of 6 underwriters for 2 years.

Joyce then transitioned into the Sales Organization and held the position of Dental Sales Manager for the Florida and Caribbean markets for 6 years. She expanded her work experience by joining the Medical Sales team where she held a Client Manager role before partnering with Dina D'Angelo, her teammate and the Senior Client Manager for the City of Boca Raton, to co-manage a complex book of business in the Government Segment.

Joyce's extensive knowledge in underwriting and account management serves as an asset to the Cigna Healthcare Sales organization.

Joyce holds an insurance license in the State of Florida and a Bachelor of Science Degree in Finance from Florida International University.



Carisa Conn Implementation Manager

Carisa Conn is an Implementation Manager supporting Regional Accounts, with project management responsibility to ensure a successful plan implementation.

As an Implementation Manager, Carisa works directly with the account management team and Brokers/Consultants to ensure client satisfaction with Cigna's products and services. Her primary function is to lead the accurate and timely setup and maintenance of your account. She achieves service excellence by developing and presenting installation plans based on customizable milestone tracking project plans and consistent communication with the client and broker during the installation process.

Carisa will coordinate with Cigna's internal partners to setup and maintain an account's structure, eligibility, history loads, banking, billing, incentives/consumerism, ID Card production, and ensure claim and call readiness of your plan.

Carisa's work experience within the industry is as follows. She began her career at Cigna in 2007 in the Customer Service Department. She was with Customer Service for 2 years and then transitioned to PIMS Ops aka EDSM (External Data Selection Management). Her role as a Provider Data Analyst was to handle any fallout received for Facets, Proclaim, and PMHS. She was in the Provider Data analyst until 2014 where she then moved to the Work Order Analyst position. Here is where she began her Implementation experience. Working closely with the Implementation Managers to process new and renewing business. By 2016 she then moved to the role within Cigna as an Implementation Manager and has now been in the role for 8 years.

4616 S. U.S. Highway 75
Denison, TX 75020
Melissa.Beer@cigna.com
Office 770-261-3477
fax 860-687-7222

Melissa Beer
Client Service Executive

Melissa Beer is a Client Service Executive (CSE) responsible for delivering superior service to her Cigna clients. In the CSE role, Melissa serves as the primary service contact. Melissa is a key member of the account management team with ownership and accountability for ongoing end to end service delivery, ensuring your satisfaction with Cigna's products and services and delivering upon an exceptional client service experience.

Melissa will be your primary Cigna contact for all operational service related to claim processing, customer service, eligibility, billing, banking and benefit structure. These primary functions include customizing service delivery to meet your needs, and negotiating with internal and external partners and customers to resolve service issues and requests. Melissa will proactively trend service activities, act as a key benefit resource expert, monitor ongoing processes, develop service plans for continuous improvement and communicate with you on a regular basis regarding service strategy and service results on your account.

Melissa joined Cigna in October 2008 as a Medical Claims Associate and has held a variety of service positions within Cigna including subject matter expert for Medical Claims, Quality Review for Claims and Service Coordinator on many complex accounts, including government accounts, in Cigna's Florida market. She contributes over 15 years of experience in the health care industry.

Melissa has received multiple Cigna Champion awards and accolades for going above and beyond and providing outstanding customer service.

Resume



1571 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323
954-514-6767

Nicole Watson
Sr. Engagement Consultant
South Florida Market

Nicole Watson is a Senior Engagement Consultant based in the Cigna office in Sunrise, Florida. As an engagement consultant, she will partner with the city's human resources team and wellness ambassadors to create a customized wellness strategy. In addition to focusing on wellness, she can assist with member education of both wellness and benefit programs offered by Cigna.

Nicole joined Cigna in April 2016 and has over 10 years of work experience in benefits. She began her career working in human resources as part of a benefit team. Then transition to an analyst at a benefit consulting firm before transitioning to Cigna over 8 years ago. She has been in the role of engagement consultant during her time at Cigna working with both public and private sector employers.

Nicole's hands on experience in benefits and wellness serves as an asset to the Cigna Healthcare Sales organization.

Nicole holds an insurance license in the State of Florida and a Bachelor of Arts Degree in Psychology from Florida Atlantic University.

References	Reference 1
Client Name and Location	City of Naples / Naples Florida
Scope of Services Provided	Medical, Pharmacy, Stop Loss, Dental, EAP
Contact Person	Lori McCullers
Contact Title	Deputy Human Resources Director
Contact Business Address	735 Eighth Street South, Naples, FL 34102
Contact Telephone	(239) 213-1833
Contact Fax Number	N/A
Contact Email	lmccullers@naplesgov.com

References	Reference 2
Client Name and Location	Palm Beach County Sheriff's Office/West Palm Beach Florida
Scope of Services Provided	Medical, Pharmacy, Dental, EAP, Onsite Health
Contact Person	Karen Thomas
Contact Title	Chief Human Resources Officer
Contact Business Address	3228 Gun Club Road, West Palm Beach, FL 33406
Contact Telephone	(561) 688-3638
Contact Fax Number	N/A
Contact Email	thomaskl@pbso.org

References	Reference 3
Client Name and Location	City of Stuart / Stuart Florida
Scope of Services Provided	Medical, Pharmacy, Stop Loss, Dental, Vision, EAP
Contact Person	Roz Johnson Strong
Contact Title	Human Resources Director
Contact Business Address	121 SW Flagler Avenue, Stuart FL, 34994
Contact Telephone	(772) 288-5322
Contact Fax Number	(772) 288-5316
Contact Email	rjohnson@ci.stuart.fl.us

References	Reference 4
Client Name and Location	City of Key West / Key West, Florida
Scope of Services Provided	Medical, Pharmacy, Dental, Vision, EAP
Contact Person	Alice Parker
Contact Title	Benefits Administrator
Contact Business Address	PO Box 1409, Key West, Florida 33041
Contact Telephone	(305) 809-3713
Contact Fax Number	N/A
Contact Email	aparker@cityofkeywest-fl.gov

References	Reference 5
Client Name and Location	Town of Palm Beach / Palm Beach Florida
Scope of Services Provided	Medical, Pharmacy, Stop Loss, Dental, EAP
Contact Person	Jody Justice
Contact Title	HR Generalist
Contact Business Address	360 S County Road, Palm Beach FL 33480
Contact Telephone	(561) 227-6324
Contact Fax Number	(561) 838-5451
Contact Email	jjustice@townofpalmbeach.com

**Affidavit of Compliance with Foreign Countries of Concern
Pursuant to Section 287.138, Florida Statutes (2023)**

The undersigned, on behalf of the City listed below ("City"), hereby attests under penalty of perjury as follows:

1. City is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes.)
2. The government of a foreign country of concern does not have a controlling interest in City. (Source: § 287.138(2)(b), Florida Statutes.)
3. City is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes.)
4. The undersigned is authorized to execute this affidavit on behalf of City.
5. The undersigned further sayeth naught.

Date: May 30, 2024. Signed: Kimberly L. Funderburk
 City: Lithia Springs Name: Kimberly L. Funderburk
 Title: Vice President of CHLIC and Authorized Signatory

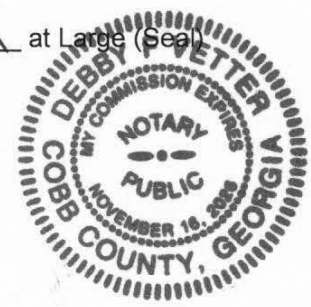
STATE OF Georgia
 COUNTY OF Cobb

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this 30th day of May, 2024, by Kimberly L. Funderburk as Vice President for Cigna Health + Life Insurance who is personally known to me or who has produced NA as identification.

Notary Public Signature: Debby F. Vetter State of GA at Large (Seal)

Print Name: Debby F. Vetter

My commission expires: 11/16/2024




DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with *Florida Statutes*, Chapter 287, Section 287.087 hereby certifies that Cigna Health and Life Insurance Company (CHLIC)* does:
(Name of Business)

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of *Florida Statutes*, Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.


Cigna Health and Life Insurance Company (CHLIC)*
5/30/24

Proposer's Signature
Company Name
Date

***Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.**

E-VERIFY FORM

Project Name:	Medical, Dental, Vision, Basic Life w/AD&D, Voluntary Life w/AD&D, STD, LTD, FSA, HSA, Cobra, and Retiree Billing
Project No.:	RFP No. 06-05-24-11

ACKNOWLEDGEMENT

Definitions:

"Contractor" means a person or City that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

"Subcontractor" means a person or City that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

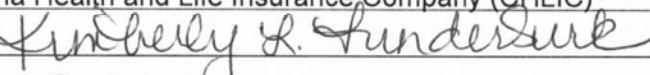
Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and
- (b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Coconut Creek; and

Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

COMPANY CONTACT INFORMATION

Company Name: Cigna Health and Life Insurance Company (CHLIC)*

Authorized Signature: 

Print Name: Kimberly L. Funderburk

Title Vice President of CHLIC and Authorized Signatory

Date: 5/30/24

Phone: 404.242.7652

Email: kimberly.funderburk@cignahealthcare.com

Website: www.cigna.com

*Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.

INDEMNIFICATION CLAUSE

(Page 1 of 1)

The parties agree that one percent (1%) of the total compensation paid to Contractor for the work of the contract shall constitute specific consideration to Contractor for the indemnification to be provided under the Contract. The Contractor shall indemnify and hold harmless the City Commission, the City of Coconut Creek, and its agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against the City, or any of their agents or employees by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on this amount or type of damages compensation or benefits payable by or for the Contractor or any subcontractor under Workers' Compensation Acts, Disability Benefit Acts or other Employee Benefit Acts. Nothing in this section shall affect the immunities of the City pursuant to Chapter 768, Florida Statutes, as amended from time to time, nor shall it constitute an agreement by the City to indemnify Contractor, its officers, employers, subcontractors or agents against any claim or cause of action nor shall anything included herein be construed as consent to be sued by any third parties in any matter arising out of this contract. This clause and the requirements contained herein shall survive the termination or expiration of the contract.

Cigna will indemnify and hold the City, its officers, directors, agents, and/or employees (acting in the scope of their employment and not as claimants under the plan) harmless from and against all costs, damages, judgments, attorney fees, expenses, obligations, and liabilities of any kind or nature that occur as the result of Cigna's failure to pay valid claims within the terms and conditions of the policy where such failure is not due to any action or inaction by the City, its officers, directors, agents, and/or employees.

Cigna Health and Life Insurance Company (CHLIC) Kimberly L. Funderburk 5/30/24
Contractor's Name Signature Date

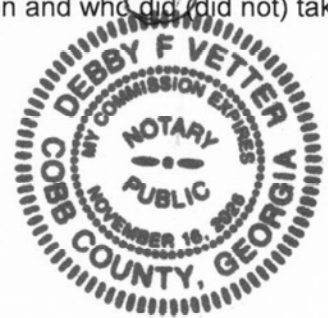
State of: Georgia
County of: Cobb

The foregoing instrument was acknowledged before me this 30th day of May, 2024, by Kimberly L. Funderburk, who is (who are) personally known to me or who has produced NA as identification and who did (did not) take an oath.

Debby F. Vetter
Notary Public Signature

Debby F. Vetter
Notary Name, Printed, Typed or Stamped

Commission Number: _____



My Commission Expires: 11/16/2026

***Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.**

NON-COLLUSIVE AFFIDAVIT

State of Georgia)
County of Cobb) ss.

Kimberly L. Funderburk being first duly sworn, deposes and says that:

- (1) He/she is the Officer
(Owner, Partner, Officer, Representative or Agent)
of Cigna Health and Life Insurance Company (CHLIC)* the Proposer that has submitted the attached proposal;
- (2) He/she is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
- (3) Such proposal is genuine and is not a collusive or sham proposal;
- (4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham proposal in connection with the work for which the attached proposal has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix the price or prices in the attached proposal of any other Proposer, or to fix an overhead, profit, or cost elements of the proposal price or the proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
- (5) The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered
in the presence of:

By: Kimberly L. Funderburk

Kimberly L. Funderburk
(Printed Name)

Vice President of CHLIC and
Authorized Signatory
(Title)

ACKNOWLEDGEMENT

State of Georgia
County of Cobb

The foregoing instrument was acknowledged before me this 30th day of May, 2024,
by Kimberly L. Funderburk who is personally known to me or who has produced
NA as identification and who did (did not) take an oath.

WITNESS my hand and official seal

Debby F. Vetter
NOTARY PUBLIC



Debby F. Vetter
(Name of Notary Public: Print, Stamp, or
Type as Commissioned.)

*Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.

PROPOSAL CONFIRMATION

In accordance with the requirements to provide Medical with Prescription Drug, Dental, Vision, Life and AD&D, Short Term Disability, Long Term Disability, and Employee Assistance Program Insurance Services pursuant to RFP No. 06-05-24-11, the undersigned submits the attached proposal.

Proposer accepts and hereby incorporates by reference in this proposal all of the terms and conditions of the scope of work, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Proposer is fully aware of the scope of work based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Proposer deems necessary.

This proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person; firm or a corporation to refrain from proposing and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over City.

The Proposer shall acknowledge this Proposal by signing and completing the spaces provided. I hereby submit this Proposal Package for Medical with Prescription Drug, Dental, Vision, Life and AD&D, Short Term Disability, Long Term Disability, and Employee Assistance Program Insurance Services, RFP No. 06-05-24-11 to the City of Coconut Creek with the full understanding of the Request for Proposal, General Terms and Conditions, Special Terms and Conditions, Detailed Requirements, and the entire Proposal Package.

To the extent that Cigna has provided responses in this RFP, which were definitive and accepted by the City, Cigna agrees to issue policies reflecting the agreed-upon specifications and as applicable to the services contemplated under this proposal. The provisions of the insurance policy will supersede the RFP. As the incumbent administrator, we look forward to working with the City's personnel in amending the existing policies to reflect any new and applicable provisions requested by the City.

Cigna Health and Life Insurance Company (CHLIC)*
Proposer's Name

Kimberly L. Funderburk 5/30/24
Signature Date

State of: Georgia

County of: Cobb

The foregoing instrument was acknowledged before me this 30th day of May, 2024, by Kimberly L. Funderburk who is (who are) personally known to me or who has produced NA as identification and who did (did not) take an oath.

Debby F. Vetter
Notary Public Signature

Debby F. Vetter

Notary Name, Printed, Typed or Stamped

Commission Number: _____

My Commission Expires: 11/16/2026



*Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.

PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: Cigna Health and Life Insurance Company (CHLIC)*
Social Security/Federal Tax I.D. No.: 59-1031071*
Proposer's Name (Print): Kimberly L. Funderburk Title: Vice President of CHLIC and Authorized Signatory
Address: 900 Cottage Grove Road*
City/State/Zip: Bloomfield, CT 06002*
Phone: 404.242.7652 Fax: Not applicable.
Email: kimberly.funderburk@cignahealthcare.com

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, Whichever Applies

Part I:

Proposer has examined copies of all the Contract Documents and of the following Addenda (receipt of all which is hereby acknowledged).

Addendum No: 1 Dated: 5/29/2024
Addendum No: Dated:
Addendum No: Dated:
Addendum No: Dated:
Addendum No: Dated:

Part II:

[X] No Addendum was received in connection with this RFP.

It is understood and agreed by Proposer that the City reserves the right to reject any and all proposals, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the proposal or in the proposals received as a result of the RFP. It is also understood and agreed by the Proposer that by submitting a proposal, Proposer shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.

Kimberly L. Funderburk
Proposer's Authorized Signature

5/30/24
Date

Kimberly L. Funderburk
Proposer's Printed Name

*We have included details about our additional legal entities in the attached Legal Entity Appendix.

PROPOSER'S QUALIFICATION STATEMENT

In order to properly evaluate the proposal submittals, Proposers are expected to complete the questionnaire and include the following documentation. By attesting to this submittal, Proposer guarantees the truth and accuracy of all statements and answers herein contained.

SUBMITTED TO: City of Coconut Creek
Purchasing Division
4800 West Copans Road
Coconut Creek, FL 33063

Submitted By: Cigna Health and Life Insurance Company (CHLIC)*
Name: Kimberly L. Funderburk
Address: 900 Cottage Grove Road*
City, State, Zip Bloomfield, CT 06002*
Telephone No. 860.226.6000*
Fax No. Not applicable.

Check One

- Corporation
 Partnership
 Individual
 Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Proposer is: ⁽¹⁾ Cigna Health and Life Insurance Company (CHLIC) _____

⁽²⁾ Evernorth Care Solutions, Inc. ⁽³⁾ Cigna Dental Health Plan of Arizona, Inc. ⁽⁴⁾ Cigna Dental Health of Florida, Inc.

The address of the principal place of business is: ⁽¹⁾ 900 Cottage Grove Road, Bloomfield, CT 06002 _____

⁽²⁾ 1 Express Way, St. Louis, MO 63121, ⁽³⁾ & ⁽⁴⁾ 1571 Sawgrass Corporate Parkway Suite 140 Sunrise, FL 33323 _____

2. If Proposer is a corporation, answer the following:

a. Date of Incorporation: ⁽¹⁾ 05/02/1963, ⁽²⁾ 01/11/2021, ⁽³⁾ 11/03/1995, ⁽⁴⁾ 11/29/1973 _____

b. State of Incorporation: ⁽¹⁾ Connecticut, ⁽²⁾ Delaware, ⁽³⁾ Arizona, ⁽⁴⁾ Florida _____

c. President's Name: David Cordani _____

d. Vice President's Name: Please see the officer directory located in the Exhibits Section of this proposal response. _____

e. Secretary's Name: Please see the officer directory located in the Exhibits Section of this proposal response. _____

f. Treasurer's Name: Please see the officer directory located in the Exhibits Section of this proposal response. _____

g. Name and Address of Resident Agent: Please see the officer directory located in the Exhibits Section of this proposal response. _____

3. If Proposer is an individual or a partnership, answer the following:

a. Date of Organization: Not applicable. _____

b. Name, Address and Ownership Units of all Partners: Not applicable. _____

c. State whether general or limited partnership: Not applicable. _____

4. If Proposer is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:
Not applicable.
-
5. If Proposer is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.
Not applicable.
6. How many years has your organization been in business under its present business name? 61 years*
- a. Under what other former name has your organization operated?
Cigna Health and Life Insurance Company (CHLIC) was originally incorporated in Connecticut on May 2, 1963, as Orange State Life Insurance Company. After several transactions, it was acquired by Cigna Corporation through Connecticut General Life Insurance Company (CGLIC) on April 1, 2008. The company was renamed to CHLIC on March 5, 2010*.
7. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this proposal. Please attach certificate of competency and/or state registration.
We have included the state registrations in the Exhibits Section of this proposal response.
8. Litigation/Judgments/Settlements/Debarments/Suspensions:
Submit information on any pending litigation and any judgments and settlements of court cases relative to providing the Medical with Prescription Drug, Dental, Vision, Life and AD&D, Short Term Disability, Long Term Disability, and Employee Assistance Program Insurance Services that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government during the last five (5) years.
Cigna certifies to the best of its knowledge and belief, that neither the bidding entity nor its principals have been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency for the services contemplated under this proposal.
9. Have you ever failed to complete any work awarded to you? If so, state when, where and why?
Although terminations occur for a variety of reasons by both parties, Cigna does not track the causes for such contract terminations. However, it is Cigna's policy to immediately address any question regarding the quality of our services and to rectify such discrepancy judiciously.
10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).
Please see attached Organizational Chart and Biographies included in the Exhibits Section of this proposal response.
-
-

11. State the name of the individual(s) and titles who will personally supervise the work:
Dina D'Angelo, Senior Client Manager and Joyce Lau, Client Account Manager.

12. State the name and address of the attorney, if any, for the business of the Proposer:
Cigna has an extensive legal staff located nationwide to address legal, legislative, and regulatory matters.

13. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Proposer's business and indicate the percentage owned of each such business and/or individual:
CHLIC is wholly owned by CGLIC, which is an indirect wholly owned subsidiary of The Cigna Group, a publicly traded corporation.*

14. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer:
Not applicable.

15. Attach a financial statement including Proposer's latest balance sheet and income statement showing the following items: **Documents responsive to this item are exempt from disclosure pursuant to Section 119.071(1)(c), F.S.**

- a) Current Assets (e.g. cash, joint venture accounts, accounts receivable, notes, receivable, accrued income, deposits, materials, real estate, stocks and bonds, equipment, furniture and fixtures, inventory and prepaid expenses)
- b) Net Fixed Assets
- c) Other Assets
- d) Current Liabilities (e.g. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, real estate encumbrances and accrued payroll taxes)
- e) Other Liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus, and retained earnings)

We have included 2023 audited financial statements in the Exhibits Section of this proposal response.

16. State the name of the firm preparing the financial statement and date thereof:
PricewaterhouseCoopers LLP, February 29, 2024

17. Is this financial statement for the identical organization named on page one? Yes No

18. If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent-subsiary).

The Cigna Group's financial statement has been provided. The Cigna Group is the parent company of its various operating subsidiaries. These subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Evernorth Behavioral Health, Inc., Evernorth Direct Health, LLC, Evernorth Care Solutions, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

The Proposer acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by City in awarding the contract and such information is warranted by Proposer to be true. The discovery of any omission or misstatement that materially affects the Proposer's qualifications to perform under the contract shall cause the City to reject the proposal, and if after the award, to cancel and terminate the award and /or contract.

Kimberly L. Lundersurk
Proposer's Signature

5/30/24
Date

Company Name	Appointment Categories	Name
CIGNA HEALTH AND LIFE INSURANCE COMPANY		
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	LABONTE, TRACY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	LABONTE, TRACY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	BUCKLEY, TIMOTHY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	LABONTE, TRACY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	ROTTKAMP, JOHN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	RUSSELL, DAVID
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	SNOW, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	RUSSELL, DAVID
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Board Of Directors	SNOW, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY		
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ARMSTRONG, LINDSAY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	GIRTON, MICHELLE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KAPLAN, MICHAEL
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ROTTKAMP, JOHN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	RUSSELL, DAVID
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SCHAEFFER, PAUL
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SKRIPOL, REBECCA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SWANSON, DAVID
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WALKER, NATALIE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	QUENTAL, ANN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ANDERSON, TRACEY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BERNIER, RHIANNON
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BORDEN, EVA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JOHNSON, JANET

CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LEZON, ALISON
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MAPP-AKOTIA, SHERMONA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	METROW, SUSAN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	OLEKSAK, KEVIN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	QUENTAL, ANN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SCATURO, JOANNE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SCHMEHL, SANDRA J.
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	STADELMAN, JILL
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	TORRES, ERIKA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	TULLOCH, KIMBERLY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	UNNERSTALL, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WEGRZYNIAK, HEATHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WILLIAMS, ROSINA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	DILLON, TERRENCE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FLEMING, MARK
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HART, JOANNE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WARFORD, ELIZABETH
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ARCISZEWSKI, TODD
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CIMINI, CRAIG
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	DE ROSA, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	DEMONTEVERDE, MICHELLE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FORTIN, VALERIE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FREELAND, TIMOTHY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	GERHARD, GLENN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HALEY, WILLIAM
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HENDSEY, BRADLEY

CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	IREDELL, CRAIG
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JOHNSON, ROBERT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MATHEWS, RANDY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MOREAU, JENNIFER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	NAIK, MANISH
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	OWENS, THOMAS
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	RAPISARDI, EUGENE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	RAPP, JENNIFER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ROTTKAMP, JOHN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	TIMM, KATHLEEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	UTTERBACK, CHARLES
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	VANGELI, MARIO
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	VERTEFEUILLE, MARK
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WELCH, PETER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	TSAUR, FONG
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ROTTKAMP, JOHN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JOSEPHS, M.D., SCOTT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MORROW, ALICIA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	GORMAN, STEPHANIE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LABONTE, TRACY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LAMBERT, SCOTT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	YABLECKI, JAMES
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ABATE, ANTHONY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	AUSTIN, KAREN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BARNES, GREGORY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BARNETT, PETER

CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BERARDO, JEFF
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BLAKESLEE, ERIC
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BOWE, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	BRISSETT, STEPHEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CASTELLVI, CHRISTINE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CETTI, WILLIAM
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CHUCHRO, PETER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CROOKE, STEVEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	CULP, GARY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	DILL, KELLY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	DILLON, TERRENCE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ERICKSON, KIRK
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	EVELYN, BONNIE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FITZPATRICK, JAMES
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FLEMING, MARK
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	FUNDERBURK, KIMBERLY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	GRAY, RICHARD
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HART, JOANNE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HINMAN, LINDY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HOLGERSON, BRYAN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HOLZLI, TIMOTHY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	HOPKINS, LORI
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	II, MATTHEW TOTTERDALE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JEFFREYS, MARC
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JOHNSON, ROBERT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JORDAL, KRISTIN

CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	JOSEPHS, M.D., SCOTT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KENYON, MATTHEW
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KHAN M.D., M.M., ASLAM
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KOBUS, DAVID
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KOCHER, RYAN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	KRUPP, TARA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LAMBERT, SCOTT
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LEWIS, EDWARD
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	LIPSON, GREG
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MARTINEZ, ERIC
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MAZLISH, LEONARD
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	MIRABELLA, MORRIS
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	NEMECEK, DOUGLAS
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	OCHAL, MARK
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	O'NEIL, KATHLEEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	PARETE, NANDO
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	PERROTTA, GLORIA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	POTTER, CHRISTOPHER
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SAATHOFF, STEPHEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SADLER, JASON
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SANCHEZ, YESENIA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SECCHIA, RICHARD
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SHERRY, WENDY
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SILVAY, KENNETH
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SKRIPOL, REBECCA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	SPILLANE, DANIEL

CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	STEWART, KATHLEEN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	THOMAS, LANCE
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	TRIPLETT SR., MICHAEL
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WARFORD, ELIZABETH
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	WEBB, JOHN
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	YABLECKI, JAMES
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	ZORNOSA, NICHOLAS
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	THOMAS, LISA
CIGNA HEALTH AND LIFE INSURANCE COMPANY	Officers	RUSSELL, DAVID

Position

CHAIRMAN OF EXECUTIVE COMMITTEE

CHAIRMAN OF INVESTMENT COMMITTEE

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF INVESTMENT COMMITTEE

MEMBER OF INVESTMENT COMMITTEE

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ASSISTANT DIRECTOR

ASSISTANT SECRETARY

ASSISTANT SECRETARY

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ASSISTANT SECRETARY

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT VICE PRESIDENT

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ASSISTANT VICE PRESIDENT

CHIEF AGENT

CHIEF FINANCIAL OFFICER

CHIEF MEDICAL OFFICER

CORPORATE SECRETARY

DIRECTOR

SENIOR VICE PRESIDENT

TREASURER

VALUATION ACTUARY

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

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VICE PRESIDENT

VICE PRESIDENT -
DERIVATIVES

VICE PRESIDENT -
INVESTMENT RISK
MANAGEMENT

Company Name	Appointment Categories	Name
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.		
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Board Of Directors	NAIK, MANISH
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Board Of Directors	BOLDEN, RONALD
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Board Of Directors	NAIK, MANISH
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Board Of Directors	POETZL, ERIC
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Board Of Directors	WILLCOX, BLAIR
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.		
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	SKRIPOL, REBECCA
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	BERNIER, RHIANNON
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	JOHNSON, JANET
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	MAPP-AKOTIA, SHERMONA
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	METROW, SUSAN
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	QUENTAL, ANN
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	SCHMEHL, SANDRA J.
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	STADELMAN, JILL
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	TULLOCH, KIMBERLY
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	WEGRZYNIAK, HEATHER
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	FLEMING, MARK
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	HART, JOANNE
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	SUAREZ, BENJAMIN
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	WARFORD, ELIZABETH
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	FORTIN, VALERIE
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	FUNDERBURK, KIMBERLY
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	GORMAN, STEPHANIE
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	MARTINEZ, ERIC

CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	TIMM, KATHLEEN
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	TRIPLETT SR., MICHAEL
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	NAIK, MANISH
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	MORROW, ALICIA
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	PERROTTA, GLORIA
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	NAIK, MANISH
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	LAMBERT, SCOTT
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	FLEMING, MARK
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	HART, JOANNE
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	LAMBERT, SCOTT
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	O'NEIL, KATHLEEN
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	SKRIPOL, REBECCA
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	THOMAS, LANCE
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.	Officers	WARFORD, ELIZABETH

Position

CHAIRMAN OF THE BOARD

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

ACTUARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

CHIEF EXECUTIVE OFFICER

CORPORATE SECRETARY

DIRECTOR

PRESIDENT

TREASURER

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

Company Name	Appointment Categories	Name
CIGNA DENTAL HEALTH OF FLORIDA, INC.		
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Board Of Directors	NAIK, MANISH
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Board Of Directors	DLUGOLENSKI, HEATHER
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Board Of Directors	GOTCHEVA, ROSSITZA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Board Of Directors	NAIK, MANISH
CIGNA DENTAL HEALTH OF FLORIDA, INC.		
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	SKRIPOL, REBECCA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	BERNIER, RHIANNON
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	JOHNSON, JANET
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	MAPP-AKOTIA, SHERMONA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	METROW, SUSAN
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	QUENTAL, ANN
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	SCHMEHL, SANDRA J.
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	STADELMAN, JILL
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	TULLOCH, KIMBERLY
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	WEGRZYNIAK, HEATHER
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	FLEMING, MARK
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	HART, JOANNE
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	SUAREZ, BENJAMIN
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	WARFORD, ELIZABETH
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	FORTIN, VALERIE
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	FUNDERBURK, KIMBERLY
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	HALEY, WILLIAM
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	MARTINEZ, ERIC
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	PERROTTA, GLORIA

CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	TIMM, KATHLEEN
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	TRIPLETT SR., MICHAEL
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	MORROW, ALICIA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	NAIK, MANISH
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	LAMBERT, SCOTT
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	DLUGOLENSKI, HEATHER
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	FLEMING, MARK
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	GOTCHEVA, ROSSITZA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	HART, JOANNE
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	LAMBERT, SCOTT
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	MIRABELLA, MORRIS
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	O'NEIL, KATHLEEN
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	SKRIPOL, REBECCA
CIGNA DENTAL HEALTH OF FLORIDA, INC.	Officers	WARFORD, ELIZABETH

Position

CHAIRMAN OF THE BOARD

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

MEMBER OF BOARD OF DIRECTORS

ACTUARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

CORPORATE SECRETARY

PRESIDENT

TREASURER

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

Company Name	Appointment Categories	Name
EVERNORTH CARE SOLUTIONS, INC.		
EVERNORTH CARE SOLUTIONS, INC.	Board Of Directors	PHILLIPS, BRADLEY
EVERNORTH CARE SOLUTIONS, INC.		
EVERNORTH CARE SOLUTIONS, INC.	Officers	MAPP-AKOTIA, SHERMONA
EVERNORTH CARE SOLUTIONS, INC.	Officers	METROW, SUSAN
EVERNORTH CARE SOLUTIONS, INC.	Officers	SCHMEHL, SANDRA J.
EVERNORTH CARE SOLUTIONS, INC.	Officers	STADELMAN, JILL
EVERNORTH CARE SOLUTIONS, INC.	Officers	TULLOCH, KIMBERLY
EVERNORTH CARE SOLUTIONS, INC.	Officers	FLEMING, MARK
EVERNORTH CARE SOLUTIONS, INC.	Officers	HART, JOANNE
EVERNORTH CARE SOLUTIONS, INC.	Officers	WARFORD, ELIZABETH
EVERNORTH CARE SOLUTIONS, INC.	Officers	FUNDERBURK, KIMBERLY
EVERNORTH CARE SOLUTIONS, INC.	Officers	HALEY, WILLIAM
EVERNORTH CARE SOLUTIONS, INC.	Officers	MORROW, ALICIA
EVERNORTH CARE SOLUTIONS, INC.	Officers	HARVEY, JOAN BERING
EVERNORTH CARE SOLUTIONS, INC.	Officers	LAMBERT, SCOTT
EVERNORTH CARE SOLUTIONS, INC.	Officers	BORDEN, EVA
EVERNORTH CARE SOLUTIONS, INC.	Officers	FLEMING, MARK
EVERNORTH CARE SOLUTIONS, INC.	Officers	HART, JOANNE
EVERNORTH CARE SOLUTIONS, INC.	Officers	LAMBERT, SCOTT
EVERNORTH CARE SOLUTIONS, INC.	Officers	MIMLITZ, JOHN
EVERNORTH CARE SOLUTIONS, INC.	Officers	WARFORD, ELIZABETH

Position

MEMBER OF BOARD OF DIRECTORS

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT TREASURER

ASSISTANT VICE PRESIDENT

ASSISTANT VICE PRESIDENT

CORPORATE SECRETARY

PRESIDENT

TREASURER

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

SCRUTINIZED COMPANIES
CERTIFICATION PURSUANT TO
FLORIDA STATUTE § 215.4725 AND § 215.473

I, Kimberly L. Funderburk, on behalf of Cigna Health Life Insurance Company (CHLIC)*,
Print Name Company Name

certifies that Cigna Health and Life Insurance Company (CHLIC)* does not:
Company Name

We do not have any business operations in Iran, Syria, Sudan or Cuba; however, please be advised that we lawfully provide health insurance coverage to international governmental and nongovernmental organizations for their employees and family members around the world, some of whom may be working in the countries noted above. Our coverage and related services are provided in accordance with applicable laws, including a specific license we received from the Office of Foreign Assets Control (OFAC), which specifically authorizes our health insurance coverage.

- 1. Participate in a boycott of Israel; and
- 2. Is not on the Scrutinized Companies that Boycott Israel list; and
- 3. Is not on the Scrutinized Companies with Activities in Sudan List; and
- 4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- 5. Has not engaged in business operations in Cuba or Syria.

Kimberly L. Funderburk
Signature

Vice President of CHLIC and Authorized Signatory
Title

404.242.7652
Phone

5/30/24
Date

*Additional legal entities applicable to this proposal are Evernorth Care Solutions, Inc.; Cigna Dental Health Plan of Arizona, Inc.; and Cigna Dental Health of Florida, Inc.

**SWORN STATEMENT
ON PUBLIC CITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with RFP No. 06-05-24-11 for Medical with Prescription Drug, Dental, Vision, Life and AD&D, Short Term Disability, Long Term Disability, and Employee Assistance Program Insurance Services.

2. This sworn statement is submitted by Cigna Health and Life Insurance Company (CHLIC)* (name of City submitting sworn statement) whose business address is 900 Cottage Grove Road, Bloomfield, CT 06002* and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1031071*. (If the City has no FEIN, include the Social Security Number of the individual signing this sworn statement: My name is Kimberly L. Funderburk and my
(Please print name of individual signing)

relationship to the City named above is Vice President of CHLIC and Authorized Signatory

4. I understand that a "public City crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public City or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public City or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that a "convicted" or "conviction" as defined in Section 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public City crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, includes but is not limited to:

1. A predecessor or successor of a person convicted of a public City crime: or

2. A City under the control of any natural person who is active in the management of the City and who has been convicted of a public City crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public City crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.

7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or City organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision

of goods or services let by a public City, or which otherwise transacts or applies to transact business with a public City. The term "person" includes those officers, who are active, or who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an City within the last five (5) years of this sworn statement.

8. Based on information and belief, the statement which I have marked below is true in relation to the City submitting this sworn statement. **Please check all statements that are applicable.**

Neither the City submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the City, nor any affiliate of the City have been charged with and convicted of a public City crime subsequent to July 1, 1989.

To the best of our knowledge and belief, neither Cigna Health and Life Insurance Company, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

- The City submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the City, or an affiliate of the City has been charged with and convicted of a public City crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)
- There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
- The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

9. Based on information and belief, the statement that I have marked below is true in relation to the City submitting this sworn statement. **Please check if statement is applicable.**

The person or affiliate has not been placed on the convicted vendor list.
(If the box is not checked, please describe any action taken by or pending with the Department of General Services.)

10. The herein sworn statement shall be subject to and incorporate all the terms and conditions contained in Section 287.133 of the Florida Statutes.

11. Conviction of a public City crime shall be cause for disqualification.

Cigna Health and Life Insurance Company (CHLIC)*
Proposer's Name

Kimberly J. Funderburk
Signature

Date: 5/30/24

State of: Georgia

County of: Cobb

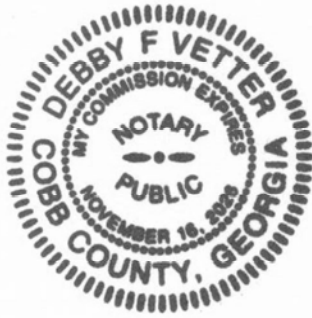
The foregoing instrument was acknowledged before me this 30th day of May, 2024, by Kimberly Funderburk who is (who are) personally known to me or who has produced NA as identification and who did (did not) take an oath.

Debby F Vetter
Notary Public Signature

Debby F Vetter
Notary Name, Printed, Typed or Stamped

Commission Number: _____

My Commission Expires: 11/16/2026



*The information provided is specific to CHLIC. We have provided the requested information for the additional entities applicable to our proposal in an appendix to this form.



CITY OF COCONUT CREEK

FINANCE AND ADMINISTRATIVE SERVICES

PROCUREMENT DIVISION

4800 WEST COPANS ROAD
COCONUT CREEK, FLORIDA 33063

ADDENDUM NO. 1

May 29, 2024

RFP No.: 06-05-24-11
RFP Name: Medical, Dental, Vision, EAP, Basic Life w AD&D, Voluntary Life w /AD&D, STD, LTD, FSA, HSA, Cobra, and Retiree Billing

Due Date/Time: June 5, 2024, at 11:00 a.m. EST

Our records indicate that your firm is in receipt of the proposal solicitation documents for Medical, Dental, Vision, Life, STD, LTD, FSA, HSA, and Cobra. This Addendum is hereby made part of the specifications and shall be included with all contract documents. All other terms and conditions remain the same.

Added Attachment(s); This Addendum No.1, RFP No. 06-05-24-11 Medical, Dental, Vision, Life, STD, LTD, FSA, HSA, Cobra will add the following attachments:

1. Medical Attachments "1G - 1R; 1S, 1T"
2. Dental Attachment "2G"
3. BL, VL, LTD, STD Attachment "5C"

The following information is being transmitted to address vendor questions regarding the specifications.

Question 1. We haven't received the attachments in section "VII. Attachments", please release those attachments as soon as they become available.

Answer 1. Attachments will be provided in this Addendum No. 1.

Question 2. How many HSA participants does the City have?

Answer 2. Currently, the City has 271 active H.S.A. accounts.

Question 3. How many open enrollment/benefit fairs does the City have?

Answer 3. The City has one (1) open enrollment period per year.

Question 4. What is the current administration fee for the HSA and the Retiree Billing accounts?

Answer 4. Retiree billing administrative fee is \$4.00 PPPM (min. \$100.00); H.S.A. administrative fee \$4.50 PEPM.

Question 5. What is the current HSA investment threshold?

Answer 5. The current HSA investment threshold is \$1,000.00.

Question 6. What is the current HSA Assets under management? How much is in the investment accounts? How much is in the Cash account?

Answer 6. Investment options currently through Charles Schwab and/or Devenir. Average investment balance: \$15,920.00; Average cash balance: \$1,687.00.

Question 7. Does the City of Coconut Creek contribute to the HSA? If so how much?

Answer 7. There are currently no employer contributions at this time however; the Employer may begin employer contributions in the future.

Question 8. How many FSA Participants does the City of Coconut Creek have?

Answer 8. The City currently has 29 FSA participants.

Question 9. We do not have Retiree Billing, but we offer Direct Bill- which is commonly used for billing retirees, employees out on disability or a leave of absence, part-time employees, and voluntary benefits, but can also be used for other billing outside of payroll. Can you confirm if that's what the City of Coconut Creek is looking for?

Answer 9. For retiree billing, the City is seeking a vendor who will administer all retiree billing of premiums and remittance to insurance carriers.

Question 10. Is it possible to obtain a Letter of Authorization or even an email from HR at Coconut Creek so that we don't run into issue of the Insurer stating we don't have the authority to bid - they will only bid with Broker of Record?

Answer 10. No, this is not an RFP for broker services. It is the City's intention that all lines of coverage included in this RFP will be managed by their current broker of record, Gehring Group.

Question 11. Asking for clarification please on current plans vision exam frequency - Are vision exams currently annual or every other year? **Pg 56 V 1.2 Background & Underwriting shows exam frequency of 24 months. **Pg 46, 3A Schedule of Benefits shows exam frequency of 12 months.

Answer 11. The current insurance plans vision exam frequency is 12 months.

Question 12. RFP No. 06-05-24-11 requests a disruption report however a current (vision) provider list is not available. Requesting a current (vision) carrier / provider list for the disruption report required, please.

Answer 12. A provider disruption report is not required for Vision. Please provide a Geo access report.

Question 13. On the revised released RFP there are only 9 attachments in the portal - Attachment 1A - 1F Benefit Summary, Attachment 2-2A to 2G DHMO and PPO Utilization Reports, Attachment 3A- 3E Life & AD&D Policy and Benefit Summary, Attachment 4A-4D LTD Class1 and 2 Benefit Summary, Attachment 5A-5C STD Benefit Summary exp, Attachment 6A - 6B Vision SPD Benefit Summary, Vision Jan 2022- March 2024 exp file, Medical, Dental, Vision RFP, and the census. When reviewing the Medical, Dental, Vision RFP document under the VII Section it references 14 attachments. Confirming all attachments have been uploaded to the portal and that the RFP indicates incorrect attachments. Please advise.

Answer 13. All attachments will be provided in this Addendum No. 1.

This addendum acknowledgment sheet must be submitted electronically with your response through the eBid System by the due date and time indicated above. Failure to return this sheet may disqualify Proposer.

Kimberly SunderSurk

6/4/2024

Proposer's Signature

Date

Cigna Health and Life Insurance Company (CHLIC)*
Company Name

900 Cottage Grove Road, Bloomfield, CT 06002*
Company Address

(860) 226.6000*

Phone Number

() Not applicable.

Fax Number

RANDOLPH MERCHANT
Procurement Analyst
rmerchant@coconutcreek.net

***The information provided is specific to CHLIC. We have provided the requested information for the additional entities applicable to our proposal in an appendix to this form.**

**CIGNA HEALTH AND LIFE INSURANCE COMPANY
EVERNORTH CARE SOLUTIONS, INC.
CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
CIGNA DENTAL HEALTH OF FLORIDA, INC.
(the “Companies”)**

SECRETARY’S CERTIFICATE

The undersigned, a duly elected Assistant Secretary of the Companies does hereby represent and certify that the following resolution was adopted by the Board of Directors of each of the Companies and that such resolution remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

RFP Signature Authorization

RESOLVED, that any officer of the Company or person holding the title of Regional Growth Leader, Market Growth Leader, or President of Government & Education for the Company or any of its subsidiaries or affiliates is hereby authorized to enter into and sign requests for proposal responses and any related documents on behalf of the Company.

It is hereby further certified that Kimberly L. Funderburk is a duly elected officer and on the dates noted below to each of the Companies as follows:

Company Name	Date of Election	Officer Title
Cigna Health and Life Insurance Company	6/28/2021	Vice President
Evernorth Care Solutions, Inc.	2/16/2023	Assistant Vice President
Cigna Dental Health Plan of Arizona, Inc.	6/29/2023	Assistant Vice President
Cigna Dental Health of Florida, Inc.	6/27/2023	Assistant Vice President

IN WITNESS WHEREOF, I hereunto set my hand on this 4th day of June, 2024.



Susan M. Metrow, Assistant Secretary

QUESTIONNAIRE RESPONSE FORM

General Information:

- 1. Are you willing to provide performance guarantees for implementation and servicing of your products? If so, please describe the performance guarantees you are proposing.**

Yes. Cigna is pleased to offer the City of Coconut Creek performance guarantees in the areas of service and implementation. We have provided medical and dental performance guarantee exhibits with the details.

Please see the performance guarantees in the financial section of this proposal response.

- 2. Please indicate the group name, address, contact person, and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.**

To the best of our knowledge and belief, Cigna has not forfeited money to any firms in the State of Florida because of service problems in the last three years.

- 3. Do you agree to allow retirees over and under 65 to continue coverage under the same plan at the same rate as active employees as required by Section 112.08, Florida Statutes, for public entities?**

Yes.

- 4. Provide the name, title, and contact information of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.**

Dina D'Angelo is City of Coconut Creek's assigned Senior Client Manager. Dina will continue to collaborate with City to execute the overall benefits strategy, implementation, and account management and is responsible for medical, pharmacy, dental, EAP, renewal, and reporting functions. Dina can be reached at 954-790-8152 or Dina.D'Angelo@cignahealthcare.com

Joyce Lau is City of Coconut Creek's assigned Client Account Manager. Joyce will continue to partner with Dina as an additional resource for account management administration. Her responsibilities include renewal implementation, client reporting and working closely with departments across the organization to address and resolve operational concerns impacting client satisfaction. Joyce can be reached at 954-514-6767 or at Joyce.Lau@cignahealthcare.com.

Melissa Beer is City of Coconut Creek's assigned Client Service Executive. Melissa will continue to be the direct point of contact for escalated call, claim, billing, and eligibility questions. Melissa can be reached at 770-261-3477 or at Melissa.Beer@cignahealthcare.com.

- 5. What is your account service team's average response time to client requests or questions?**

Cigna embraces the opportunity for our account management team to continue to be an extension of the Entity's benefits team, with most inquiries being completed or resolved at the time of inquiry, or the same day. Urgent inquiries will receive an acknowledgement of receipt from our team typically within two hours; routine inquiries will receive acknowledgement within 24 hours. Our acknowledgement responses will identify any next steps or additional information that may be needed and will provide an estimate of time to resolve your inquiry. While those are the typical response times, we are willing to work together to customize a mutually agreeable arrangement for response times, if desired.

6. Describe the services provided by your account service team to the employees.

City of Coconut Creek's core account management team will continue to include a senior client manager, client account manager, client service executive, engagement consultant and implementation manager. The account management team share responsibility to deliver 100% of the work to ensure service excellence and skillfully coordinates resources to effectively manage City of Coconut Creek's overall benefit plan. The team provides designated resources for customer service, accounting, claims, and underwriting and brings expertise that translates to exceptional service delivery focused on building the processes and tools that best meet your needs.

Members of your Cigna Account Management team include:

Dina D'Angelo: Senior Client Manager

Dina D'Angelo collaborates with City to execute the overall benefits strategy, implementation, and account management and is responsible for medical, pharmacy, dental, EAP, renewal, and reporting functions.

Joyce Lau: Client Account Manager

Joyce Lau, your Client Account Manager, partners with Dina as an additional resource for account management administration. Her responsibilities include renewal implementation, client reporting and working closely with departments across the organization to address and resolve operational concerns impacting client satisfaction.

Melissa Beer: Client Service Executive

Specific to employees, Melissa Beer, your client service executive, is your direct point of contact for escalated call, claim, billing, and eligibility questions. Melissa also works closely with internal partners, including client management, sales, senior operational management, implementation, and others, to provide ongoing, efficient, and effective service. In addition, Melissa

- manages ongoing tracking and trending of your service experience through integrated technology and tools;
- identifies opportunities for service improvement; and
- works closely with your account management team to monitor service trends.

Nicole Watson: Engagement Consultant

Nicole Watson, your engagement consultant, will continue to support your team with technical expertise in plan coverage, processes, and health and wellness strategy. Nicole is also the primary contact between your HR staff and Cigna for addressing routine coverage questions, supporting member education, coordinating open enrollment, and facilitating scheduled service meetings.

Carisa Conn: Implementation Manager

Carissa Conn, your Implementation Manager, will continue to be responsible for the overall successful implementation of your plan and the effective transition of your employees to Cigna. She is actively involved in implementation and maintenance issues to help ensure the seamless implementation of your plan.

One Guide with Smart Support Customer Service and Claims

A specialized call and claim team, located throughout the US, will provide customer service to City of Coconut Creek's employees. This team is exclusively designed to help local government and education clients balance a healthy lifestyle with health care costs. Our Smart Support service team works only with government and education clients and receives additional training on the nuances of working with government and education clients as well as client specific programs. For non-member facing roles, our claim team may be supported by our near-shore team, which is also specifically aligned to government and education clients for non-facing functions (e.g., mailroom, data entry, eligibility, banking, reporting, claim processing) as a fully dedicated unit specific to Cigna business

segments.

In addition to the comprehensive support that we provide to your benefits staff, we are committed to deliver a unique and truly exceptional member experience through our specialized Smart Support customer service team who will continue to answer member calls. Working in conjunction with our customer service staff, our professional claims staff will continue to expediently process your claims.

Our commitment to service means being available whenever our members need us, so our dedicated customer service team is available to help members 24 hours a day, 7 days a week, 365 days a year. Serving as the member's one-stop shop for highly personalized attention, customer service provides assistance with claim or coverage questions and with locating health care providers and offer proactive education about the specific features of City of Coconut Creek's plans.

7. Describe the services provided by your account service team to the Human Resources department.

As your Engagement Consultant, Nicole Watson will continue to be the primary contact between your HR staff and Cigna for addressing routine coverage questions, supporting member education, coordinating open enrollment, and facilitating scheduled service meetings.

8. Does your company help facilitate annual Open Enrollments?

Yes

a. Onsite meetings?

Yes. In many circumstances, an experienced and knowledgeable Cigna representative is available to attend onsite open enrollment meetings to offer assistance and answer questions. We determine our level of support for onsite events on a case-by-case basis and will be more than happy to discuss onsite staffing for specific meetings and fairs should we be named a finalist. As an alternative to face-to-face enrollment meetings, we offer digital options including webcasts and training support from benefit managers. We also offer digital educational materials. In many cases, such options are more effective and valuable for employees because they can refer back to them as they make enrollment decisions.

b. Educational materials?

Yes. Communication materials, based on City of Coconut Creek's plan offerings and needs, are a standard part of our account implementation process.

c. Printed Materials at no cost?

Yes. There is no additional charge for standard enrollment materials.

9. What is your company's current A. M. Best, Moody's and/or Standard and Poor's rating?

Medical, Pharmacy, Dental (DPPO), and Vision

A.M. Best, Moody's, and Standard and Poor's (S&P) currently rate Cigna Health and Life Insurance Company (CHLIC), a Cigna company; they review these ratings annually. CHLIC's current ratings are:

- A.M. Best: A
- Moody's: A2
- Standard & Poor's: A

Dental (DHMO)

On June 22,2022, the FSR of A (Excellent) was affirmed and the outlooks were revised to Positive from Stable.

- Cigna Dental Health Plan of Arizona, Inc.
- Cigna Dental Health of California, Inc.
- Cigna Dental Health of Florida, Inc.
- Cigna Dental Health of Maryland, Inc.
- Cigna Dental Health of Ohio, Inc.
- Cigna Dental Health of Pennsylvania, Inc.
- Cigna Dental Health of Texas, Inc.
- Cigna Dental Health of New Jersey, Inc.
- Cigna Dental Health of Missouri, Inc.
- Cigna Dental Health of Virginia, Inc.

The other agencies do not provide ratings for the health plans.

EAP

Please note, Cigna's holding companies (e.g., Evernorth Care Solutions, Inc) are not rated. They are not in the organizational structure that issues public debt; therefore, there is no need for a credit rating. Additionally, since our holding companies are not insurance companies, they do not require a financial strength rating.

10. Do you utilize any “wrap” or leased networks not negotiated or owned by your company? a. If yes, what is the name of the network?

Medical

The proposed network for City of Coconut Creek is owned and operated by Cigna.

Dental

DPPO

We do not use any wrap networks. Rather, we directly contract with individual or group private dental practices for most of our DPPO network, which also includes additional dentists contracted through leased network arrangements. Our network partners are Zelis and Connection Dental. These relationships provide additional dentists for greater choice and access: The dentists are in every state, and members can access the dentists the same way they access our contracted dentists. Using dentists contracted via our leased network arrangements will not impact claim payment or administration.

DHMO

We contract directly with individual or group private dental practices for our DHMO network, which we own.

Vision

We do not use any wrap networks; rather, we lease 100% of our vision network through EyeMed. Cigna Vision consists of the right mix of independent, national, and regional retail providers, including LensCrafters®, Pearle Vision®, and Target Optical®, plus Costco, Sam’s Club, and Walmart. We also offer in-network options with online providers that include LensCrafters.com®, Ray-Ban.com®, Glasses.com®, TargetOptical.com®, contactsdirect.com®, and Oakley.com®.

11. Describe capabilities available through member website and mobile app. Please describe further any additional functionality available to the employer as plan administrator.

Member Website/Mobile App

Our member website, myCigna, provides an easy and convenient way for members to manage their health and health-related finances. Members can download the free myCigna mobile app to access their personalized information whenever it is convenient for them.

Members can access personalized myCigna features to do the following:

- manage health information, such as health goals and incentives, on My Health Dashboard
- view and update personal health records (PHRs) with key biometric data, medical conditions, medications, allergies, surgeries, immunizations, and emergency contacts
- complete a health assessment and get recommendations based on the health assessment's health profile
- link to other interactive tools and learn about available Cigna programs
- locate doctors and review quality ratings and find out-of-pocket cost estimates for 17,000 medical procedures
- search for behavioral providers and learn about the different types of care available
- get information on more than 8,000 topics on health conditions, medical tests and procedures, medications, and everyday health and wellness through Healthwise, an interactive library
- review coverage information
- view status of claims submitted in the past 24 months
- view EOBs, account balances, and transaction history
- view, print, send, or order a Cigna ID card
- refill prescription medications using our home delivery pharmacy
- compare drug price quotes, based on coverage, for specific pharmacies, including our home delivery pharmacy
- The new My Medications section of the myCigna® member website and mobile app gives members easy access to manage their prescription medications 24 hours a day, 7 days a week.
- get information on numerous medical and surgical procedures through a personalized report
- access virtual care through MDLive
- access the Healthy Rewards® alternative medicine program, which includes discounts for services such as acupuncture, chiropractic care, massage, cosmetic dentistry, laser vision correction, and hearing care
- sign up for reminders to take medication(s) and order refills through Cigna's medication coaching program (which also offers members who use our home delivery pharmacy reminders to check vital signs)
- receive their health care provider's address and contact information via email, text message, or vCard as well as WebMD medical alerts

We offer different types of myCigna mobile access:

- **myCigna Mobile App** - a free, safe, and secure native application for iOS (Apple) and Android mobile devices that provides members with access to personalized health care information
- **myCigna Mobile Web** - myCigna operates on a responsive web design and is accessible via any mobile device with an internet browser-replicating all the information viewable on the desktop

Client Website

Medical, Pharmacy, and Dental

City of Coconut Creek will continue to have access to our client portal, Cigna For Employers. Cigna For Employers offers City of Coconut Creek access to information critical to day-to-day administration in the following key areas.

Member Support

Clients can access member-level plan information that complements the data members see on myCigna. Clients can also visit our client portal to

- enroll and maintain coverage elections and demographics for employees and their dependents (e.g., add/delete a dependent, end coverage for a member, reinstate employee/dependent, process life status changes);
- access eligibility data in real time;
- help employees understand plan details;
- view 24 months of claim data and research and review claim information at the member level (as allowed by HIPAA);
- print temporary ID cards, order new ID cards, and update COB information;
- view and share employee resources to engage them in their health plan; and
- view and print Cigna-produced member health plan booklets.

Employee Engagement

We have included a one-stop-shop for clients to access sample strategies, turnkey communication resources and useful member data within Cigna For Employers. These resources support increased engagement, improved outcomes and a healthier bottom line for our clients. All materials and information can be accessed once the client logs into Cigna For Employers. This includes the following:

- **The Homepage Digital Engagement Dashboard** - shows employee usage of myCigna tools, including portal registration metrics
- **The Employee Engagement Resources under Materials & Resources** - provides eCards, videos, podcasts, and more communication materials that can be used to engage employees in their health
- **Contact Us Form** - connects clients directly with the Health Engagement team

Reports and Statistics

To make plan administration easier than ever, clients can access a variety of reports and data whenever they need them. These include the following:

- standard financial reports, including monthly experience, large claimants, and lag reports
- Cigna Choice Fund® reports containing detailed account and fund distribution information
- eligibility reports (e.g., member listings, census reports)

Clients also now have access to a digital engagement dashboard that allows clients to monitor in near real-time the digital engagement of their employees, in addition to how employees are receiving care, including:

- how many first time visits to a provider and first time visits to a provider with Cigna Care Designation
- how much virtual care adoption employees have
- what level of satisfaction employees have with their providers

Online Invoices

Clients can view and pay accounts receivable billing invoices.

Security Administration

Security administration features enable the client to control access to sensitive plan data by varying access

based on user role (designate to internal and external resources).

Vision

We offer the following information and services online for members, clients, and eye care providers.

Members

Our website offers on-demand service around the clock. The site is designed to make accessing benefit information easy and hassle-free for members. With myCigna, members can locate a provider, get directions from their current location, look up plan information before walking into a provider's office, and much more. The member website offers:

- provider locator
- online exam scheduling for many locations
- eligibility status
- claim status
- plan look-up
- Know Before You Go cost estimator
- out-of-network claim form
- grievance form
- printable ID cards
- printable EOB

Our sales team offers clients a demo of the myCigna mobile app and desktop experiences.

Clients

Our client website provides tools and information to support clients in the following key areas:

- **Eligibility Reports and Statistics** - Clients can create and download eligibility reports that include member listings and census reports. Clients can also tailor the reports to meet their specific needs. Data is available in real time and as it appears in our eligibility system at the time of the request.
- **Automated Eligibility Management and Reporting** - Clients that submit eligibility via our automated eligibility process can access and download fallout reports. Clients can review key file processing metrics that provide a historical view of file processing results, including timeliness, member defect rates, and error resolution cycle times.
- **Employee Enrollment and Maintenance** - Clients can enroll and maintain coverage elections and demographics for their employees and dependents. We post transactions immediately to the internal eligibility system. Clients have the ability to do the following:
 - add or delete a dependent
 - end employee coverage
 - reinstate an employee or a dependent
 - process life status changes
- **Utilization Summary Report** - Clients can view a claim utilization report, available by the 10th business day for the prior months paid claims, that includes the following information:
 - o claim paid amounts and average claim per service-by-service category
 - o claims count and average cost per claim
- **in- and out-of-network utilization.**
- **Premium/Fee Invoices and Online Bill Payment** - Electronic versions (PDF) of the

premium/fee invoices are available. Clients have the ability to

- receive a system-generated notification when the invoice is ready;
- retrieve, view, save, or print invoices at their convenience; and
- pay bills online.

EAP

Our online tools make it easy for customers who want to help themselves by providing convenient, confidential access to the information and assistance they need when they need it. We know that technology is a helpful tool only when used in conjunction with qualified care, so we offer customers the option of calling toll-free to speak with someone 24 hours a day, 7 days a week, 365 days a year.

Services

To access online services, customers complete an initial registration and create a unique user ID and password to log into myCigna. If the customer has other coverages with Cigna (e.g., medical, dental, etc.) the online EAP access will be integrated under the existing user credentials. We offer the EAP digital experience via the myCigna website and the myCigna mobile app.

The EAP Coverage Page was reimagined in 2019 based on consumer market research to drive increased engagement. The result was the framing of the content into four relatable, key life categories: emotional health and family, home life referrals, financial and legal, and career and job. Customers are able to:

- review EAP services provided
- initiate a Live Chat
- request scheduling for a telephonic consultation with a licensed clinician
- find a network EAP counselor in their area for face to face or video-based counseling
- obtain an EAP code for EAP counseling sessions
- share the online EAP coverage and services with household members (available to the employee)
- connect to online work/life resources, articles, and online webinars
- engage with online coaching modules and articles for health and wellness topics
- link to EAP wellness webcasts, the Disaster Resource Center, online legal resource center, and ore
- access discounts for health and wellness products and services
- link to the Behavioral Awareness Series for autism, eating disorders, substance use, and mental health

Our website is primarily in English. Some content is available in Spanish. Customers also can access the same content and functionality via the mobile app. We will be happy to provide a live web demo for myCigna.

12. Describe any available benchmarking tools proposer can provide.

Medical

We use our book-of-business to create our normative database. We update norms regularly; they are available by plan coverage at the national level. We developed norms to track utilization patterns and plan design costs and are able to provide our book-of-business data for comparison purposes. Examples of the common comparisons made to our norms include the following:

- member cost sharing
- payments as a percentage of total paid
- major diagnostic categories as a percentage of total
- distribution of payments by service setting
- distribution of payments by type of health care provider
- payments by dollar range (percentage of claimants and percentage of dollars)

- average payment per unique claimant
- average pharmacy payment per member

Benchmark—or normative—data is updated periodically each year based on changes that occur in the our membership and how that membership uses health care. Changes may include treatment plan compliance rates, demographic averages, site-of-care utilization rates and costs, and health advocacy engagement rates.

Dental

DHMO

The Cigna Dental Care® (DHMO) plan is capitated and does not require the filing of claims; therefore, this question does not apply.

DPPO

We can provide data that benchmarks a client's experience against our dental book-of-business, national norms, and SIC code.

Our dental information reporting system can provide a dental utilization versus norms report upon request. This report compares the DPPO plan charges and frequency data to norms developed from our entire dental book-of-business. It is based on 10 American Dental Association (ADA) categories of selected procedures. These norms are a composite of our dental book-of-business; therefore, they reflect new versus mature cases, various regional differences, plan designs, and many other components of our book-of-business.

13. Please specify if the proposer is SSAE 18 / SOC / SAS certified.

Under a fully insured arrangement, Cigna is responsible for claims administration and carries the financial risk associated with such processes; therefore, the Statement on Standards for Attestation Engagements 18 (SSAE 18) is not applicable.

14. Please confirm if proposer can accommodate/agree to the Entity's eligibility requirements.

Confirmed.

Questionnaire - Data and Reports:

- 1. Describe the reports you will provide regarding the utilization and claims associated with the employee benefits program(s) you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.**

Medical

City of Coconut Creek will continue to receive utilization and claims reports at no additional cost. The following reports are available on our client website:

Utilization Reports

Our utilization reports allow clients to view and analyze cost and utilization data for medical and pharmacy plans. Our client informatics teams apply integrated and in-depth plan data analysis to generate practical and actionable information. These insights demonstrate the value of our plans and services and help our clients control medical cost trends.

Utilization reports help identify key trend drivers and illustrate how members are using their health plan. The reports provide drill-down capabilities on several dimensions, illustrate overall plan spend, and aid Cigna representatives in making future strategy recommendations.

The reports include information on the following:

- member lives
- demographics
- costs and utilization by medical service category
- total PMPM and major diagnostic category
- top diagnostic categories
- cost sharing summary
- high-cost/catastrophic claimants
- inpatient DRGs and medical diagnosis codes
- outpatient ICDs and submedical service code
- professional service providers
- office visits by type
- preventive care utilization
- gaps in care compliance
- chronic condition identification and coaching
- network penetration and discount

Utilization reporting is available quarterly, 45 days after the close of the quarter. Utilization reporting at the plan level is available free of charge. These reports, provided as Excel documents, are available online and/or are delivered consultatively.

Claim Reports

Our client website includes the following standard reports:

- **Network Style Report** - This report reflects premium/fees, claims, and eligibility data on a month-by-month basis for a defined period.
- **Benefit Option Report** - This report displays claims and eligibility by coverage option in separate columns for a defined period. Premium/fees are also available with this report.
- **Lag (Matrix) Reports** - Clients use these reports as a tool for financial planning to project their expected claim payment liability.
- **Claims Exceeding Report** - Clients can use this report to identify large claimants to better understand their claims experience. They may also use it to assist with bank account management and to gain an understanding of how their populations benefit from case management.

Additionally, City of Coconut Creek will continue to receive an annual Consultative Analytics report. Our consultative reporting is flexible and can be tailored to address City of Coconut Creek's key areas of interest. Extensive reporting and insights on plan performance include the following:

- utilization reporting to track trends
- health and wellness engagement
- preventive care utilization
- gaps in care
- clinical program performance

Dental

We offer a wide range of dental plans and features that meets the needs of existing and prospective clients. We integrated dental utilization information into our consultative analytics reports to deliver flexible request parameters and updated norm information and provide a consistent look and feel across our entire reporting portfolio for clients with integrated coverage (e.g., medical, dental, pharmacy).

We generally provide a standard package of dental information reports quarterly or annually at no

charge; however, a charge applies for standard reports produced more frequently and for optional reports. We will continue to deliver our consultative analytics package to City of Coconut Creek in person, generally within 120 days of the close of the plan year. Dental reports include the following:

- **Dental Dashboard** - features three key summary components: membership, oral health behaviors, and savings
- **Dental Membership Summary** - shows the dental membership by relationship and age bands
- **Dental Cleanings Utilization** - demonstrates the percentage of unique members with one or more cleanings
- **Dental Top 15 Procedure Types** - exhibits the top 15 procedures based on the number of services in descending order
- **DPPO - Oral Health Behaviors** - specifies the focus areas of the population relative to dental health (those who have initiated dental health, those who have a gap, and those who have no dental claims)
- **DPPO Plan Fundamentals** - shows a financial breakdown of the plan maximum accumulation, the orthodontia, and all additional covered benefits
- **Dental Claim Summary** - exhibits the total cost waterfall (submitted, employer paid, and member cost share) and per capita costs compared to book-of-business norms
- **Dental Claim Cost and Savings Summary** - shows the waterfall of total charges, savings, and discounts for one or two time periods versus norm
- **Dental Claim Cost and Savings - Network** - focuses on the waterfall of total charges, savings, and discounts for one time period by network option
- **Dental Claim Distribution (Including Orthodontic)** - exhibits feature the payable claims by dollar range counted by unique member with orthodontic costs
- **Dental Claim Distribution (Excluding Orthodontic)** - exhibits show the payable claims by the dollar range counted by unique member without orthodontic costs
- **Dental Utilization by Type of Service and Network** - exhibits show the per capita cost and the utilization by service category by network option for a single time period
- **DHMO Summary** - a summary of statistics for membership, utilization, and savings for the DHMO plan
- **Dental Utilization by Type of Service** - exhibits service categories details for DHMO utilization
- **Dental - The Value of Integration - Retrospective** - exhibits the population of dental cleaning by engaged versus nonengaged and associated savings

Additional reports are available online through our client website, including eligibility reports and statistics, and financial reports.

Vision

The claim summary (utilization) report is available monthly on the client website, Cigna For Employers. This report provides a summary of covered services rendered over a given time period. It also includes the number of services by exam, eyeglass lens type, frames, and contacts. The report provides a summary of the transactions and the average costs. The report also states the percentage of in- and out-of-network usage.

2. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?

Medical

Utilization reporting is available quarterly, 45 days after the close of the quarter. Utilization reporting at the plan level is available free of charge. These reports, provided as Excel documents, are available online and/or are delivered consultatively.

Dental

We generally provide a standard package of dental information reports quarterly or annually at no charge; however, a charge applies for standard reports produced more frequently and for optional reports. We will continue to deliver our consultative analytics package to City of Coconut Creek in person, generally within 120 days of the close of the plan year.

Vision

The online claim summary (utilization) report is available by the 10th business day for the prior months paid claims at no additional cost.

3. Are there any additional fees for reporting? Please provide all reporting options/packages and their associated costs.

Standard reporting packages are included at no additional cost to the client although ad hoc reporting can be provided for an additional charge depending on the needs of City of Coconut Creek.

4. How often are claim audits conducted and what percentage of claims are audited? If you use a third-party to audit claims, please disclose the name of auditor (For Medical Claims).

Internal Audit

Our claim quality assurance program monitors internal performance standards to ensure claim payment accuracy. A dedicated team of auditors in our operational audit department administers this program. We have several quality assurance programs for claims:

- **System Logic Edits** - Logic edits that reject claims or services based on business rules are built into our claim intake and payment systems and allow Cigna to identify potential claim inaccuracies. These business rules vary in complexity and include some service coding logic.
- **Claim Inspections for Risk Management** - Claim inspections are predisbursement reviews based on high-risk factors associated with underlying markets, types of contracts, types of claims, payment amounts, etc. The claims are verified and corrected (if necessary) before being released for payment.
- **Performance Measurement** - Cigna measures claim accuracy performance following full claim payment using statistical sampling techniques, which cannot be appropriately represented as a percentage of claims. We use an automated audit tool to randomly designate the claim numbers to be audited. We use this data to measure performance and identify claim impacts for risk management.

We centrally manage and review manually processed and auto-adjudicated claims based on a monthly, statistically significant sample from which we select claims daily. In addition to the daily random claim review, we perform quality inspections based on predisbursement edit criteria that run against claim payments with higher dollar thresholds.

We estimate that 2% of total claims processed undergo predisbursement or postdisbursement audit. Several quality assurance programs are in place for claims, including predisbursement reviews based on high-risk factors associated with underlying markets, types of contracts, types of claims, processing systems, etc. Other programs are on a postdisbursement basis, generally using statistical sampling techniques, which cannot be appropriately represented as a percentage of claims.

External Audit

Under a fully insured arrangement, Cigna is fully responsible for claims administration and carries all

risk associated with such processes; therefore, external audits are not permitted, except when required to comply with applicable law. Performed audits must be in accordance with Cigna's audit requirements. Cigna has an internal claim quality assurance program to monitor conformance with internal performance standards to ensure the accuracy of claims payment.

5. How do you identify fraudulent medical claims and how will you notify the Entity (For Medical Claims)?

Our claim system automates claim processing in a highly accurate and productive environment and offers many advantages. Proclaim's integrated cost containment programs flag suspicious health care providers for issues around fraud control, MRC screening, coordination of coverage, subrogation, hospital audits, and computer system edits (medical logic, ClaimsXten, Autocoder).

Additionally, our Special Investigations Unit (SIU) analytics team uses multiple approaches to monitor and identify suspect patterns of behavior and schemes (e.g., link analysis, trend analysis, outlier analysis, social analytics, geospatial analytics, predictive modeling) to monitor and identify suspect patterns of behavior and schemes. The analytics team also uses the following technologies to monitor patterns and identify new or shifting trends as well as detect fraud or suspicious activity:

- Dedicated Data Mart (Healthcare Fraud Shield)
- Geospatial Analytics (ArcGis)
- Social Media Monitoring (Synthesio)
- Link Analysis (i2)
- Multiple Control Models (SAS Miner, SAS Enterprise Guide, SQL)

In addition to SIU's analytical process, the SIU works across the organization to lead antifraud investigations by leveraging people, processes, and technology to minimize the risk of fraud, including:

- • **General Analytics and Partnership** - Partnership across the Cigna enterprise and leadership within the NHCAA allows the SIU to rapidly leverage information from Cigna's portfolio and the industry.
- • **Red Flags** - Anomalies on paper or in electronic transactions with unusual patterns or characteristics trigger additional reviews or investigations.
- • **Training and Communications** - The SIU facilitates the delivery of over 35,000 hours in training annually to various Cigna departments.

We collaborate with our client management team to alert clients when fraud is suspected (e.g., when a health care provider is purposefully targeting the client's members to facilitate a health care fraud scheme). In addition, we can provide client-level reporting related to fraud and abuse activity; this is available upon request or on a defined schedule (i.e., monthly, quarterly, or annually). There is no cost associated with standard reporting.

6. Describe the process for identifying and paying medical claims which may be subject to subrogation (For Medical Claims).

We provide an extensive subrogation/payment program to our clients. We use a recovery vendor to identify potential subrogation cases and to follow up on overpayments flagged by internal audits. There is a \$500 minimum threshold for subrogation. To identify subrogation opportunities, the vendor uses an automated analysis of claim data based on a review of ICD diagnosis codes, member treatment costs and demographics, and any related claim matters. When the vendor identifies claims with recovery potential, it opens an electronic file for that case. The vendor uses the Property & Casualty (P&C) Database, as well as other methods (e.g., questionnaires, phone calls, court docket searches), to determine whether there is other party liability. If the vendor confirms other party liability, it proceeds

to assert recovery rights. When the case is settled, Cigna refunds the gross recovery directly into the claim system at the member level, which in turn credits the City of Coconut Creek's account as appropriate. Refunds show as a credit on the account's monthly check register report. This process helps reduce overall claim costs for the client and the member.

Cigna will continue to perform recovery efforts on subrogation cases following the contract ending. There is no period for discontinuing or closing cases after the contract ends. When Cigna receives a refund for the client and banking is closed, we issue and mail the refund check to the client.

A separate subrogation agreement, which is part of the ASO agreement, outlines settlement authority, fee schedule, and other pertinent information related to our ASO clients. The following two provisions protect the plan's interests for recovering monies:

- **Conditional Claim** - The claim is paid on the condition that the injured party pays us for any proceeds collected from the negligent third party.
- **Subrogation** - The injured party's rights can be transferred to Cigna so we can pursue the third party for payment on our own behalf.

Using both provisions together permits Cigna to avoid pending and to pay the claim up front without jeopardizing our right to recover the money in the future.

7. Will there be online access for claim reports by the Entity and Gehring Group?

Yes. Our monthly medical, pharmacy, dental, and vision financial reports are available through our client website. City of Coconut Creek's primary administrator is responsible for delegating access to other users. If the primary administrator wants to give access to external vendors for specific business functions, they can do so within the client website.

8. If the Entity utilizes a third-party vendor for data analytics. Would you charge a fee to send our claims data to the Entity's third-party vendor for data analytics? If yes, how much? Is the pricing based on a one-time fee set up for the feed monthly or based on a frequency of the feed from you as the carrier to the TPA for data analytics? Please list the data analytics providers you currently work with to send data feeds.

We currently work with NavMD for data analytics. We have the capability to send monthly data feeds and we have included the costs in our proposal.

Questionnaire - Renewal Planning and Additional Fees:

1. Is the proposer willing to provide a Not to Exceed Offer at least 210 days prior to the effective date, and a final offer of renewal 120 days prior to renewal effective date to the Entity stating specifically what, if any, rate change is proposed?

Yes.

2. Are any of the rates proposed contingent on any additional information? If so, please disclose.

No, proposed rates are not contingent on any additional information.

3. What additional services are available and at what cost?

Cigna Dental Oral Health Integration Program (No Cost)

We developed the Cigna Dental Oral Health Integration Program (OHIP) in 2006 to encourage members to seek appropriate treatment for gum disease as part of their overall treatment plan. This made us the first carrier in the dental benefits industry to offer enhanced dental coverage for members who have at-risk health conditions. This program has been expanded to reach members with one or more of the following medical conditions:

- pregnancy
- cardiovascular disease
- diabetes
- stroke
- chronic kidney disease (CKD)
- head and neck cancer radiation
- organ transplant
- rheumatoid arthritis
- Sjogren's syndrome
- lupus
- Parkinson's disease
- amyotrophic lateral sclerosis (ALS)
- Huntington's disease
- opioid misuse and addiction

Benefits of this program include reimbursement of coinsurance or copays for certain dental procedures associated with preventing and treating gum disease and cavities.

Research shows an association between gum disease and other health conditions such as diabetes, heart disease, and stroke, and it continues to associate oral health with overall health. Gum disease may have a potentially important impact on systemic health, and the implications for cost of care and quality of life can be significant. Regular routine oral care helps address minor problems before they become major—and more expensive to treat. If oral disease is unchecked, it may result in health complications that take a real toll on quality of life, while treating oral disease (e.g., gum disease) may improve overall health and lessen complications associated with other medical conditions.

Our published studies support an association between the treatment of gum disease and lower medical costs. Patients previously treated for periodontal (gum) disease who received maintenance care demonstrated reduced medical costs when compared to patients undergoing initial treatment for gum disease.

Periodontal treatment reduces medical costs. Using data collected from an earlier study on the impact of periodontal treatment on medical costs, published and presented at the International Association for Dental Research Meeting, in March 2015, the Cigna clinical team reviewed claim data since the original report to determine if additional time and dental services had an impact on longer-term savings. Following is a synopsis of the compelling results:

- a medical cost savings of \$759.40 (10.2% PMPY)¹
- a total medical cost reduction of 6% in one year, 2% in the second year, and 2.2% in the third year¹
- 21.8% fewer ED visits¹

OHIP provides reimbursement of copays and coinsurance on certain dental procedures associated with treating gum disease and relevant preventive services. These include the following:

Cardiovascular Disease, Cerebrovascular Disease, Diabetes

- D4341 - periodontal scaling and root planning - four or more teeth per quadrant
- D4342 - periodontal scaling and root planning - one to three teeth per quadrant

- D4910 - periodontal maintenance²

Maternity

- D0120 - periodic oral evaluation - established patient³
- D0140 - limited oral evaluation - problem focused³
- D0150 - comprehensive oral evaluation - new or established patient³
- D0180 - comprehensive periodontal evaluation - new or established patient
- D1110 - prophylaxis - ^{adult}⁴
- D4341 - periodontal scaling and root planning - four or more teeth per quadrant
- D4342 - periodontal scaling and root planning - one to three teeth per quadrant
- D4346 - scaling in the presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation⁴
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- D9110 - palliative treatment of dental pain - per visit⁵

Chronic Kidney Disease (CKD), organ transplant, head and neck cancer radiation, rheumatoid arthritis, Sjogren's syndrome, lupus, Parkinson's disease, amyotrophic lateral sclerosis (ALS), and Huntington's disease

- D1206 - topical fluoride varnish; therapeutic application for moderate to high caries risk patients⁶
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- D1351 - sealant - per ^{tooth}⁶
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Opioid misuse and addiction

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Members participating in OHIP are also eligible for behavioral health guidance on subjects such as fear of going to the dentist, tobacco cessation, and stress and its impact on oral health. These enhancements demonstrate Cigna's whole person health integration capabilities as a health service company. Cigna continues to monitor evidenced based literature to determine expansion of OHIP.

OHIP is a benefits solution that helps members achieve their health care goals and help clients improve the health and well-being of their employees, reduce costs, and improve productivity.

(1) "Preventive Dental Treatment Associated with Lower Medical Utilization and Costs." National study of Cigna customers with dental and medical coverage, July

2019. Study Group - 15,177 DPPO members who received periodontal treatment in 2017 and maintenance care in both 2018 and 2019. Consecutively between 2017-2019. Control Group - 15,177 DPPO members who received periodontal treatment. Medical outcomes measured concurrently with years treatment was received. Cumulative savings reflects updated data for medical outcomes in 2019. Result statistically significant with p-value<0.05

(2) Four times per year.

(3) One additional evaluation.

(4) One additional cleaning.

(5) No limitations.

(6) Age limits removed; all other limitations apply.

(7) Two treatments per tooth per year

Health Rewards (No Cost)

The Cigna Healthy Rewards® program provides retail discounts to products and services that encourage and promote healthy behaviors and lifestyles. The program is easy for members to use, adding value at no additional cost.

Healthy Rewards offers more choices for members, more ways to lead a healthier lifestyle, and more ways to focus on wellness and prevention. Available member discounts include

- alternative medicine health care providers, including chiropractors, acupuncturists, massage therapists, and more;
- discounted fitness club memberships;
- virtual workout videos;
- wearable fitness devices;
- meal delivery service;
- hearing aids and exams;
- laser vision correction, vision exams, lenses, and frames; and
- financial coaching services.

Healthy Rewards programs are not insurance; rather, these programs provide a discount on the cost of certain goods and services. The member must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

4. Would you allow a grace period after the due date of 45 days for payment of an invoice?

Yes, and the City currently has a 30-day premium deferral.

Implementation & Billing

1. Please provide a brief description of the implementation process, including requirements and timeline.

Cigna is pleased that we currently provide medical, pharmacy, dental, Vision, and EAP coverage to City of Coconut Creek. Maintaining your coverage with Cigna would not require a complex implementation process since Cigna is City of Coconut Creek's incumbent carrier. If we are fortunate enough to add additional membership or plan changes that City of Coconut Creek requested, we will provide detailed implementation support coordinated by your current implementation manager. We will carry out any changes to the plan design with the same attention to detail as the initial implementation and provide timing for those changes within City of Coconut Creek's implementation calendar.

2. Please confirm proposer is flexible to modify standard contract language.

Since the insurance policy and certificate are filed documents, there is very little flexibility to change the provisions, and our policy must be used. A side document addressing mutually agreed-upon

issues may be prepared to address issues that are not contained in the insurance policy or certificate.

3. Please confirm proposer is willing to waive binder payment requirements.

Binder checks are not required for renewals. This is not applicable as Cigna Healthcare is the incumbent carrier.

4. Please confirm proposer is willing to accept a self-bill for proposed line(s) of coverage.

City of Coconut Creek's current billing set up is "paid as billed". We are willing to accept a self-billing arrangement if payment history permits.

5. Please confirm proposer can accept COBRA and retiree premiums from third party.

We can accept billed premiums from the City. Cigna does not administer direct COBRA or retiree billing services but we will continue to pay Chard-Snyder to administer the City's Flexible Spending Accounts, COBRA and Retiree Billing services.

6. Please confirm proposer can bill COBRA and retirees separately.

Confirmed. As the incumbent carrier, we currently have separate billing statements set up for COBRA and Retiree.

7. What is your company's standard billing snap shot date and grace period for payment?

City of Coconut Creek's current billing snap shot date is the 28th of the prior month. The standard grace period is 30 days.

Electronic Enrollment & Implementation:

The City automates the benefits enrollment process and ongoing administration for their group insurance plans through BenTek. The City provides for its employees, COBRA participants, and retirees the ability to enroll online for group insurance plans in following instances: new hire orientation, annual open enrollment, qualifying life event change.

Throughout the plan year, the City, maintains its group's eligibility and transmits electronic eligibility to all applicable carriers and/or third-party administrators on a scheduled basis.

The following questions pertain to the Respondent's capabilities regarding the administration of the City insurance plan(s) in a paperless environment. You may supply supporting materials as required, but please provide your written answers to the questions below:

1. Can your company accept eligibility via file transmission?

Yes.

2. Does your company outsource the processing of electronic eligibility to a third-party? If so, please provide company name.

No. Cigna processes electronic eligibility internally without the assistance of a third-party.

3. Please specify if your company (or third-party) accepts the HIPAA 834 v.5010 file layout as well as all other file layouts accepted for automated enrollment. Please provide applicable coding supplements and other applicable file specification documents.

Yes. Cigna can receive data in the ANSI 834 format. Cigna is able to set up an eligibility feed as long as the eligibility is loaded in our eligibility system and tied to medical plan coverage and a signed nondisclosure agreement is on file.

We handle data transfer requests in the same manner for vendors, including carve out vendors, and pull eligibility data from our eligibility system. We create every feed based on the business the vendor provides and on the eligibility data elements needed for the vendor to service members. We work with the vendor to arrange a mutually acceptable layout. Available data includes current medical eligibility and structure and health care provider data (such as PCP information). We are unable to include coverage information, files containing eligibility history, and files containing vendor-specific structure elements in the eligibility feed. We prefer a weekly file transfer; however, we can also accommodate daily or monthly frequencies. Preferred data submission types include add/change only, entire file, or positive file.

Data transmits via Cigna Information Protection–approved methods, which include the following:

- HTTPS (Pretty Good Privacy [PGP] optional)
- Applicability Statement 2 (AS2) - electronic data interchange-internet integration (EDIINT) automated HTTPS
- Applicability Statement 3 (AS3) - EDIINT FTPS
- FTPS (PGP optional)
- Secure Shell\SFTP (PGP optional)
- IBM Connect: Direct with Secure Plus

4. Does your company (or third-party) process electronic eligibility files via automation or are manual steps necessary. If manual steps are required to process files, please explain this process and impact on processing time.

Yes, we process electronic eligibility files via automation. We process each incoming automated eligibility file through an edit program, comparing it to the existing data in our eligibility system to identify transactions that took place since the last update cycle. If the results meet established parameters, we update the file using a batch process. Clients who elect the manual process use our standard enrollment form to submit initial eligibility and enrollment information throughout the year. We process eligibility updates within three to five business days from the date we receive eligibility data, depending on how we receive the information.

We can accommodate nonstandard enrollment forms for an additional charge.

5. What is your company's (or third-party's) standard processing time for electronic eligibility to be updated in all applicable internal systems (eligibility/claims/billing/etc.)? If time varies, please specify for each system.

We process eligibility quickly and effectively via a variety of methods to help our clients keep files up to date. The timing required to complete eligibility file updates varies by transfer method. We generally process eligibility updates within five business days from the date we receive total eligibility data. Other times include the following:

- automated files updated within two business days, not counting the day of receipt
- enrollment maintenance tool (EMT), via our client website, updates made in real time
- manual updates made within five business days of receipt
- emailed files updated within two business days of receipt

Our eligibility system updates our claim processing system daily to maintain accurate and up-to-date records. As we feed data into the eligibility system, we review it to help ensure accuracy and

adherence to plan structure and then distribute it to other areas, including claim processing.

Our eligibility systems feed the finalized updates to our medical claim systems within a few hours. Nonmedical claim systems receive eligibility updates via an overnight feed.

Furthermore, our Cigna accounts receivable and billing system is fully integrated with our eligibility system. As we process eligibility-related changes in the system, they systematically generate to the accounts receivable and billing system throughout the business day.

In addition, City of Coconut Creek can use our online enrollment maintenance tool (EMT) to update eligibility in real time. There is no fee for updating eligibility via our client website.

6. Will your company (or third-party) provide confirmation notification to the group when files are processed? Please provide details related to this notification process (email, requirement of group log into company website, etc.)

If requested, our system sends automated emails about eligibility files to City of Coconut Creek in the following scenarios:

- edit reports published
- eligibility file received
- file canceled
- file updated
- file held for review
- delinquent file

7. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of an established group with your company.

This is not applicable as Cigna is the incumbent carrier.

8. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of a new group with your company.

This is not applicable as Cigna is the incumbent carrier.

9. Please provide set-up time needed for changes to file structure, plans, funding strategy, platform changes for an established group with your company. What alternative options does your company provide to receive enrollment should these changes cause delay in set-up of the EDI process.

This is not applicable as Cigna is the incumbent carrier.

10. Please provide file testing time frame (in days) for initial set-up and structure changes.

This is not applicable as Cigna is the incumbent carrier.

1. Please provide the standard time frame required to process files, generate, and mail member ID cards. What options does the group have if ID card delivery is delayed beyond the plan effective date?

Medical

We provide medical ID cards for employees and their dependents at enrollment and/or upon request thereafter. Each Cigna Healthcare member can access their digital ID card on our member

website/mobile app, myCigna. The individual's name and ID number are listed on the front of the ID card. ID cards are uploaded to the individual's myCigna account for easy and secure access via myCigna or via the myCigna app. In addition, our digital ID cards can now be saved to Apple Wallet.

Dental and Vision

Members will have access to their digital ID card through our member website, myCigna, and on mobile-enabled devices through our myCigna mobile app, near or on the first day of the plan coverage.

Data & Reports:

- 1. Describe the reports you will provide regarding the utilization and claims associated with the employee benefits program(s) you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.**

Medical and Pharmacy

City of Coconut Creek will continue to receive utilization and claims reports at no additional cost. We have provided a description of the utilization and claims reporting available to City of Coconut Creek below.

Utilization Reports

Our utilization reports allow clients to view and analyze cost and utilization data for medical and pharmacy plans. Our client informatics teams apply integrated and in-depth plan data analysis to generate practical and actionable information. These insights demonstrate the value of our plans and services and help our clients control medical cost trends.

Utilization reports help identify key trend drivers and illustrate how members are using their health plan. The reports provide drill-down capabilities on several dimensions, illustrate overall plan spend, and aid Cigna representatives in making future strategy recommendations.

The reports include information on the following:

- member lives
- demographics
- costs and utilization by medical service category
- total PMPM and major diagnostic category
- top diagnostic categories
- cost sharing summary
- high-cost/catastrophic claimants
- inpatient DRGs and medical diagnosis codes
- outpatient ICDs and submedical service code
- professional service providers
- office visits by type
- preventive care utilization
- gaps in care compliance
- chronic condition identification and coaching
- network penetration and discount

Utilization reporting is available quarterly, 45 days after the close of the quarter. Utilization reporting at the plan level is available free of charge. These reports, provided as Excel documents, are available online and/or are delivered consultatively.

Claim Reports

Our web-based financial experience reports, designed to help clients monitor their plan's performance, are available at no additional cost through our client website. Updated monthly, these reports provide detailed accounting of paid claims during a policy period.

Our client website includes the following standard reports:

- **Network Style Report** - This report reflects premium/fees, claims, and eligibility data on a month-by-month basis for a defined period.
- **Benefit Option Report** - This report displays claims and eligibility by coverage option in separate columns for a defined period. Premium/fees are also available with this report.
- **Lag (Matrix) Reports** - Clients use these reports as a tool for financial planning to project their expected claim payment liability.
- **Claims Exceeding Report** - Clients can use this report to identify large claimants to better understand their claims experience. They may also use it to assist with bank account management and to gain an understanding of how their populations benefit from case management.

These reports are available in Excel format. We offer additional reporting capabilities depending on the client's needs. Reports that require customized or specialized reporting may have an associated cost.

Additionally, City of Coconut Creek will continue to receive an annual Consultative Analytics report. Our consultative reporting is flexible and can be tailored to address City of Coconut Creek's key areas of interest. Extensive reporting and insights on plan performance include the following:

- utilization reporting to track trends
- health and wellness engagement
- preventive care utilization
- gaps in care
- clinical program performance

Dental

We offer a wide range of dental plans and features that meets the needs of existing and prospective clients. We integrated dental utilization information into our consultative analytics reports to deliver flexible request parameters and updated norm information and provide a consistent look and feel across our entire reporting portfolio for clients with integrated coverage (e.g., medical, dental, pharmacy).

We generally provide a standard package of dental information reports quarterly or annually at no charge; however, a charge applies for standard reports produced more frequently and for optional reports. We will continue to deliver our consultative analytics package to City of Coconut Creek in person, generally within 120 days of the close of the plan year. Dental reports include the following:

- **Dental Dashboard** - features three key summary components: membership, oral health behaviors, and savings
- **Dental Membership Summary** - shows the dental membership by relationship and age bands
- **Dental Cleanings Utilization** - demonstrates the percentage of unique members with one or more cleanings
- **Dental Top 15 Procedure Types** - exhibits the top 15 procedures based on the number of services in descending order

- **DPPO - Oral Health Behaviors** - specifies the focus areas of the population relative to dental health (those who have initiated dental health, those who have a gap, and those who have no dental claims)
- **DPPO Plan Fundamentals** - shows a financial breakdown of the plan maximum accumulation, the orthodontia, and all additional covered benefits
- **Dental Claim Summary** - exhibits the total cost waterfall (submitted, employer paid, and member cost share) and per capita costs compared to book-of-business norms
- **Dental Claim Cost and Savings Summary** - shows the waterfall of total charges, savings, and discounts for one or two time periods versus norm
- **Dental Claim Cost and Savings - Network** - focuses on the waterfall of total charges, savings, and discounts for one time period by network option
- **Dental Claim Distribution (Including Orthodontic)** - exhibits feature the payable claims by dollar range counted by unique member with orthodontic costs
- **Dental Claim Distribution (Excluding Orthodontic)** - exhibits show the payable claims by the dollar range counted by unique member without orthodontic costs
- **Dental Utilization by Type of Service and Network** - exhibits show the per capita cost and the utilization by service category by network option for a single time period
- **DHMO Summary** - a summary of statistics for membership, utilization, and savings for the DHMO plan
- **Dental Utilization by Type of Service** - exhibits service categories details for DHMO utilization
- **Dental - The Value of Integration - Retrospective** - exhibits the population of dental cleaning by engaged versus nonengaged and associated savings

Additional reports are available online through our client website, including eligibility reports and statistics, and financial reports.

Vision

The claim summary (utilization) report is available monthly on the client website, Cigna For Employers. This report provides a summary of covered services rendered over a given time period. It also includes the number of services by exam, eyeglass lens type, frames, and contacts. The report provides a summary of the transactions and the average costs. The report also states the percentage of in- and out-of-network usage.

2. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?

Medical/Pharmacy

Utilization reports are updated quarterly and deliver high-quality information presented through a variety of formats that include graphs, tables, and reports. This feature is available at no additional cost.

Dental

Utilization data is updated monthly. There is no charge for this report.

EAP

Our EAP utilization reports are available quarterly at no additional charge.

3. Are there any additional fees for reporting? Please provide all reporting options/packages and their associated costs.

Standard reporting packages come at no additional cost. Ad hoc reporting can be provided for an additional charge depending on the needs of the City.

4. Will there be online access for claim reports?

Yes.

5. Does your proposal include funding for The City's chosen software system to perform online enrollment and eligibility functions?

Yes.

If yes, list how much is included in your proposal and explain details of your requirements and implementation procedures.

As the incumbent carrier, it is already included in our rates and implementation procedures are not applicable.

Renewal Planning & Additional Fees:

1. Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a minimum of 120 days prior to the renewal date?

Yes.

2. Will you recruit a specific provider per the City's request?

Yes.

3. Describe any plan modeling tools that you provide to assist us with evaluating additional plan designs.

Requests for additional plan designs can be submitted to Dina D'Angelo, your Client Manager. Dina will work with Underwriting to provide recommendations and financial impact to meet the City's goals.

4. Are any of the rates you proposed contingent on any additional information? If so, please disclose.

No, proposed rates are not contingent on any additional information.

5. What additional services are available and at what cost?

We have included the Cigna Dental Oral Health Integration Program and Healthy Rewards at no additional cost.

Cigna Dental Oral Health Integration Program

We developed the Cigna Dental Oral Health Integration Program (OHIP) in 2006 to encourage members to seek appropriate treatment for gum disease as part of their overall treatment plan. This made us the first carrier in the dental benefits industry to offer enhanced dental coverage for members who have at-risk health conditions. This program has been expanded to reach members with one or more of the following medical conditions:

- pregnancy
- cardiovascular disease
- diabetes
- stroke
- chronic kidney disease (CKD)

- head and neck cancer radiation
- organ transplant
- rheumatoid arthritis
- Sjogren's syndrome
- lupus
- Parkinson's disease
- amyotrophic lateral sclerosis (ALS)
- Huntington's disease
- opioid misuse and addiction

Benefits of this program include reimbursement of coinsurance or copays for certain dental procedures associated with preventing and treating gum disease and cavities.

Research shows an association between gum disease and other health conditions such as diabetes, heart disease, and stroke, and it continues to associate oral health with overall health. Gum disease may have a potentially important impact on systemic health, and the implications for cost of care and quality of life can be significant. Regular routine oral care helps address minor problems before they become major—and more expensive to treat. If oral disease is unchecked, it may result in health complications that take a real toll on quality of life, while treating oral disease (e.g., gum disease) may improve overall health and lessen complications associated with other medical conditions.

Our published studies support an association between the treatment of gum disease and lower medical costs. Patients previously treated for periodontal (gum) disease who received maintenance care demonstrated reduced medical costs when compared to patients undergoing initial treatment for gum disease.

Periodontal treatment reduces medical costs. Using data collected from an earlier study on the impact of periodontal treatment on medical costs, published and presented at the International Association for Dental Research Meeting, in March 2015, the Cigna clinical team reviewed claim data since the original report to determine if additional time and dental services had an impact on longer-term savings. Following is a synopsis of the compelling results:

- a medical cost savings of \$759.40 (10.2% PMPY)¹
- a total medical cost reduction of 6% in one year, 2% in the second year, and 2.2% in the third year¹
- 21.8% fewer ED visits¹

OHIP provides reimbursement of copays and coinsurance on certain dental procedures associated with treating gum disease and relevant preventive services. These include the following:

Cardiovascular Disease, Cerebrovascular Disease, Diabetes

- D4341 - periodontal scaling and root planning - four or more teeth per quadrant
- D4342 - periodontal scaling and root planning - one to three teeth per quadrant
- D4910 - periodontal maintenance²

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- financial coaching services.

Healthy Rewards programs are not insurance; rather, these programs provide a discount on the cost of certain goods and services. The member must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

Wellness:

- 1. The City seeks proposals to include wellness dollars at and/or above the level currently being provided. Proposers are encouraged to provide wellness funds on an annual basis. Please disclose the amount of wellness dollars provided in your proposal and any restrictions on use.**

Cigna's proposal includes \$50,000 for Wellness Funds each year for the life of the contract.

Wellness funds are provided by Cigna to help to set the foundation for driving behavior change and empowering employees to make better choices leading toward a culture of health improvement. The fund assists the employer in achieving their health management plan health improvement goals.

The fund can be used for:

- Onsite Biometric Screenings
- Health Education related On-Site Classes
- Health Awareness Communications
- Health Seminar Speakers
- Activity and Challenge Programs Related to Wellness
- Awards for Wellness Program Participation*

*The fund cannot be used to give a cash reward to an individual and must benefit all plan participants.

Reimbursement: After making the purchase submit the supporting invoice(s) and receipt(s) to the Cigna Healthcare Account Team. Cigna Healthcare will process and reimburse accordingly. Please allow 45-60 days for reimbursements to process.

- 2. Did you include the criteria associated with how the City can use the wellness funds?**

Confirmed. We have provided a flyer with the defined guidelines for eligible expenses.

3. Are there any additional costs to the Client or employees for participation in your wellness programs or services?

There are no additional costs associated with our standard wellness programs or services. We are dedicated to improving the health, well-being, and peace of mind of those we serve. Our wellness programs are of primary importance in helping us achieve that goal.

We provide a variety of complimentary wellness programs. These wellness products and services include the following:

- internally developed health assessment
- interactive digital engagement tools
- a 24-hour health information line/audio library
- user-friendly member website and mobile app
- discount amenity program
- promotional tools and wellness campaigns
- educational maternity materials/services
- preventive wellness reminders

To increase member health engagement, clients may purchase additional wellness programs and services. Available programs and services include

- a diabetes prevention program offered in collaboration with Omada Health;
- phone-based health coaching;
- online and phone-based lifestyle management programs;
- phone-based maternity program;
- biometric screenings (onsite and offsite options available through integrated supplier);
- enhanced One Guide member advocacy integration across clinical and service programs; and
- incentive management.

4. Will the account team assigned include a designated wellness coordinator? If so, which wellness services will be included?

Yes, Nicole Watson is City of Coconut Creek's assigned Engagement Consultant. Nicole supports your team with technical expertise in plan coverage, processes, and health and wellness strategy. Nicole is also the primary contact between your HR staff and Cigna for addressing routine coverage questions, supporting member education, coordinating open enrollment, and facilitating scheduled service meetings.

Dental:

- 1. Please provide Dental Geo Access Information that illustrates the number of: General Dentists within 10 miles, Specialty Dentists within 10 miles and Orthodontists within 10 miles. The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.**

Please see the GeoAccess analysis included in the Network Analyst Section of this proposal submission.

- 2. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).**

DHMO

Members have the option of selecting a different network general dentist, so dependents living away from home can choose one in their area. If there is no Cigna Dental Care® Access Plus network dental office available in the dependent's community, they should schedule routine and preventive care with their family's network general dental office. In the case of emergency treatment occurring out of town, we will pay the member for the cost of diagnostic and palliative dental procedures administered by any licensed dentist based on the patient charge schedule (PCS) emergency care coverage.

DPPO

We serve your DPPO members through a seamless, national network in nearly 400 metropolitan statistical areas. With your current DPPO plan, members may visit any participating network dentist to receive in-network coverage and visit any other licensed dentist to receive out-of-network coverage.

3. Are you willing to waive the actively at work, dependent non-confinement and pre-existing condition limitation provisions for all members currently enrolled in dental insurance?

The City will determine eligibility requirements for the plans.

DHMO

Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

DPPO

Replacement of bridges, crowns, or dentures within 60 months (within 24 or 36 months on some plans) of the date of installation will not be covered unless the:

- replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth after the existing prosthetic was installed; or
- bridge, crown, or denture, while in the mouth, is damaged beyond repair as a result of injury.

4. Is there a missing tooth clause in proposer's quote submission?

DHMO

No missing tooth limitation.

DPPO

Teeth missing prior to coverage effective date are not covered for 12 months.

5. How does the proposed plan treat coverage for composite (non-amalgam) fillings on posterior teeth, including molar teeth?

The proposed DHMO and DPPO plans include coverage for composite (non-amalgam) fillings on posterior teeth, including molar teeth.

6. Does the proposed plan include coverage for dental implants?

DHMO

No Implant coverage

DPPO

Proposed plan include coverage for dental implants. The coverage details are included in the Dental PPO Response Form.

7. Please confirm dependent child(ren) eligibility criteria, including age and other limitations.

The City will determine eligibility requirements for the plans. Dependent eligibility records contain the following data:

- employee name and SSN
- dependent name and SSN
- account number, branch, and coverage option
- dependent gender
- dependent date of birth (DOB)
- coordination of coverage indicator (not required)
- dependent relationship to employee
- handicapped status
- employee coverage start dates (active, canceled, or reinstated)
- start dates of dependent coverage
- PCP
- established indicators for coverage
- home and work telephone numbers (not required)
- email address (preferred)

As a general rule (although state exceptions may apply), a dependent is as follows:

- a lawful spouse
- a domestic partner (where allowed)
- an unmarried child (including those newly born, children who are adopted or placed for adoption, stepchildren, a child for whom dental coverage must be provided under a court order, or a dependent child who resides in the home as a result of a court order or administrative placement), who is one of the following:
 - younger than 19 years old
 - younger than 26 years old, if the dependent child is a full-time student enrolled at an accredited educational institution and reliant on the member for maintenance and support
 - any age, if the dependent child is incapable of self-sustaining employment due to mental or physical disability and reliant on the member for maintenance and support

For a dependent child over age 19, the member needs to furnish evidence of the dependent child's reliance on the member, in the form requested, within 31 days after the dependent child reaches the age of 19 and once a year thereafter during the term of coverage.

This definition of dependent applies unless modified by the contract.

8. Please confirm reimbursement level for out-of-network benefit payments.

The out-of-network reimbursement level for the DPPO plan remains at the 90th percentile of all provider submitted amounts in the geographic area.

Medical:

- 1. Please provide a Medical Geo Access report that illustrates the number of: Hospital within 10 miles, PCPs & Pediatricians within 10 miles, OBs/Gyns, within 10 miles, Specialists within 10 miles (excluding OBs/Gyns) and Urgent Care Centers within 10 miles. The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.**

We have included GeoAccess reports in the Network Analysis Section of this proposal response.

2. Please confirm average discounts for the geographic area represented in employee/member census as follows:

Charge Type	Broward	Miami-Dade	Palm Beach	Monroe	Martin
Doctors	65.3%	65.0%	66.3%	64.4%	65.9%
Urgent Care Center	(2)	(2)	(2)	(2)	(2)
Out-Patient Hospital	77.%	73.9%	80.4%	74.9%	79.8%
In-Patient Hospital	69.7%	67.0%	73.3%	67.1%	72.1%
All Others ⁽³⁾	70.8%	70.7%	70.3%	70.5%	70.1%

(1) The 2024 average discounts provided represents the Cigna Open Access Plus (OAP) and the Cigna Open Access Plus In-Network (OAPIN) networks at the county level. County level discounts are based on all three-digit zip codes in each county requested.

Cigna calculates discounts using a standard definition that captures only savings directly resulting from provider contracting. The standard discount formula is: discount = 1-(allowed amount/eligible amount). The eligible amount, also known as the covered amount, is the total amount billed by the provider minus any non-covered expenses (such as duplicate claims, non-medically necessary expenses, etc.). The allowable amount is defined as the eligible amount minus the negotiated provider discount.

(2) Urgent care center discounts are not tracked separately and are included in the outpatient discount category.

(3) The other discount category includes all non-facility charges, including but not limited to: DME, ambulance, therapy and home health care.

3. Please identify proposed provider network.

The Open Access Plus (OAP) network is being proposed. The OAP network consists of 57,236 primary care physicians, 248,519 specialists and 481 hospitals in the state of Florida.

4. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

Cigna's proposal includes our national OAP network; as such, this is inapplicable

5. Is the proposer willing to provide performance guarantees for your network discounting? If so, please include details.

Cigna is quoting a fully insured proposal, therefore, a network discount guarantee is not applicable.

6. Please confirm requirements for coordination with Medicare for both active employees and their dependents, as well as retired employees and their dependents.

Confirmed. Cigna complies with the Medicare secondary payer rules when coordinating with Medicare. Under the Medicare COB provision, the medical fee-for-service (FFS) beneficiary can go to any health care provider who accepts Medicare. Medicare pays its share, and the beneficiary pays his or her share (coinsurance). A client-sponsored group plan may provide secondary coverage.

7. Each proposer must confirm that they will provide the following reports upon request by the Group or its Agent of Record: a. Large Claimants (over \$25,000) inclusive of gender, plan, diagnosis, last date of service, prognosis and if the claimant remains covered on the plan. b. Utilization reports by diagnosis, place of service, employee vs. dependent costs. c. Monthly paid claims

Confirmed. Diagnosis (ICD) information by member is available by request. Our standard client reporting does not provide prognosis or case management note information because this information is subjective.

8. Are you willing to conduct face-to-face meetings annually (including medical/pharmacy director and financial analyst support) with the client to discuss financial and program enhancement/cost containment ideas that will assist the client in benefit design strategy, and will not necessarily be focused on plan design coverage reductions?

Yes.

9. Are you willing to waive the actively at work, dependent non-confinement limitation provisions for all currently enrolled individuals on medical?

Yes.

10. Please list and describe your Disease Management programs that are included in the proposal.

Our Your Health First® chronic condition coaching model takes a broad approach to helping members manage chronic health conditions. Your Health First addresses the health of the whole person, rather than focusing on a single disease that triggers participation. Supported by evidence-based medical guidelines and influential behavioral techniques, our health coaches help members manage every aspect of their personal health, including adhering to medications, understanding and managing risk factors, and maintaining up-to-date screenings.

Your Health First addresses the most prevalent conditions: heart disease, coronary artery disease, angina, congestive heart failure (CHF), acute myocardial infarction, peripheral arterial disease, asthma, COPD (emphysema and bronchitis), diabetes (types 1 and 2), metabolic syndrome/weight complications, osteoarthritis, low back pain, anxiety, bipolar disorder, and depression. We include anxiety, bipolar disorder, and depression because we understand the importance of the mind-body connection when providing services to members with both medical and behavioral chronic conditions. We also support comorbid conditions through this model.

Our predictive models tap into member data across our integrated plan coverage and systems to identify members with chronic conditions at risk for near-term and future high claim costs. Our models predict a likely condition-related occurrence or a worsening of an existing condition in the upcoming year, prioritize member health risk(s), and predict the optimal outreach modality (phone, email, or text) for each member based on factors such as condition, severity, progression, behavior, and modifiability. We target members identified as higher risk for phone-based coaching. We reach out to those identified as lower risk and/or to those who have an apparent preference for digital engagement by letter and/or email to encourage engagement in the program's self-guided online resources.

We train Your Health First health coaches in the Cigna CARE Coaching® model that features collaborative, affirming, respectful, and empowering coaching. Cigna CARE Coaching is a foundational approach that addresses a variety of medical, behavioral, and lifestyle conditions. Before registering for the Cigna CARE Coaching training, health coaches complete two courses that address behavior coaching. Each health coach then completes a weeklong training course that incorporates features of various proven behavior change models. Using this coaching approach, health coaches assist members with setting specific, attainable goals to help them improve their health. Achievement of these goals motivates members to set new goals that will support them as they continue their journey toward better health.

In addition to coaching for chronic conditions and in support of working with the whole person, Your Health First coaching for members identified with chronic conditions includes health and wellness coaching, treatment decision support, gaps-in-care coaching, and lifestyle management coaching for weight management, stress management, and tobacco cessation.

In summary, our dedicated health coaches focus on each person's unique health needs, preferences, and goals. The health coach's one-on-one approach creates stronger relationships, establishes trust, and drives higher engagement. Combining clinical expertise, evidence-based practices, and extensive experience, our multidisciplinary health coaches manage health to start behavior change. Specifically, they help members

- recognize worsening symptoms and know when to see a doctor;

- establish questions to discuss with their doctors;
- understand the importance of following doctors' orders;
- develop healthy habits related to nutrition, sleep, exercise, weight, tobacco, and stress;
- prepare for hospital admissions or recovery after hospital stays; and
- make educated decisions about treatment options.

Finally, as part of our goal to provide a consistent, consultative experience for our members no matter how they interact with Cigna, our Your Health First health coaches are also part of our One Guide team. They receive enhanced training and technological tools that equip them to offer even more personalized interactions and exceptional service to members on issues that extend beyond health concerns, such as plan benefits, claim issues, and provider questions. With this role enhancement, our health coaches strive to optimize every touchpoint to help members more deeply engage with their health, and with the most relevant programs and services available to them, driving positive clinical and cost outcomes.

11. Please list and describe Utilization Management programs included in the proposal and other available options, if applicable.

One of our chief areas of investment is in our medical management program. We have developed our Health Matters Care Management Preferred model to better improve the health of our clients' employees and their family members while lowering overall health care costs for everyone. Our care management solution allows us to

- find members early and proactively and engage them in our programs;
- personalize the experience to each member, because everyone's needs are different;
- connect our members to the right resources for their diagnosis and personal situation;
- help members find and use quality, cost-effective care; and
- approach our members consultatively to better understand their condition and treatment options.

We get to know our members, and we stay connected with them throughout their journey to better health.

In addition, we continue to invest in systems and infrastructure that allow our clinicians to effectively support our members' needs. We have created a blended set of assets, which will provide a more holistic, time-sensitive view of member information. This allows the delivery of an optimal engagement experience for our members by identifying, prioritizing, and aligning their most critical actionable items with the right expert resource at the right time. Other platform covered services include the ability to support alternate care delivery models to meet diverse client needs and a tighter integration with both internal and external business partners that allow for improved clinical outcomes as we manage our member needs more holistically.

Finally, as part of our goal to provide a consistent, consultative experience for our members no matter how they interact with us, our nurse case managers are also part of our One Guide team. They receive enhanced training and technological tools that equip them to offer even more personalized interactions and exceptional service to members on issues that extend beyond health concerns, such as plan benefits, claim issues, and provider questions.

12. Please confirm dependent child(ren) eligibility.

Cigna will administer the plan based upon the eligibility criteria determined and data feed provided by City of Coconut Creek. Cigna does not verify a dependent's age, student, or disabled status.

13. Please confirm proposer has included telemedicine benefit in medical quote.

Confirmed. Our virtual care solution includes services offered through Cigna Healthcare network health care providers and through our partnership with MDLIVE. Services include urgent care, primary care (wellness screenings and routine care with chronic condition management and digital health coaching), specialty care (dermatology), and behavioral care (therapy and psychiatry). Members have access to private, live appointments through secure video or phone with board-certified doctors who are able to diagnose and prescribe (when appropriate). Members are able to choose the time and day that works best for them, with virtual minor medical services available 24 hours a day, 7 days a week, 365 days a year. Appointments are required for behavioral care and virtual wellness screenings.

14. Cigna currently pays Chard-Snyder to administer the City's Flexible Spending Accounts, COBRA and Retiree Billing services. Will you agree to pay these fees if awarded the medical insurance?

Yes.

15. For plans that provide out-of-network coverage, if radiologists, anesthesiologists, and pathologists are not part of the network, is the member responsible for cost at the in-network or out-of-network reimbursement levels?

During a member's inpatient stay at a participating hospital, we will consider services provided by hospital-based, nonparticipating health care providers (lab, radiology, and anesthesia) at the in-network coverage level so the member is not penalized for using a participating hospital. Claim systems are designed for auto-adjudication of this process.

16. How do you manage transition of care for members currently undergoing treatment or have existing relationships with the incumbent carrier's network providers?

Transition of Care (TOC) does not apply to someone who has been an enrolled Cigna member during the previous contract period; however, if a member or spouse/partner/dependent of an existing Cigna member is first added to a Cigna plan at the time of contract renewal, that person would be a new member for that plan year and would be eligible for TOC consideration. Cigna makes every effort to manage the member's transition of care (TOC) from a nonparticipating health care provider to avoid a disruption of services that may impact the member's health status. There are no additional fees for these services.

Members must apply in writing for in-network-level TOC within 30 days of enrollment in a Cigna-administered health plan (unless the applicable state mandates a longer period). If Cigna approves coverage, a member may continue to receive services from that doctor, hospital, or other provider for a specified period with covered services paid at the in-network coverage level.

Members may contact a One Guide personal guide for assistance with completing the TOC application. The personal guide records the information the member provides and submits the application on his or her behalf.

Review Process

As a first step in the review process, the TOC request is examined to see whether it meets certain criteria. The following are examples of conditions that may qualify for TOC coverage:

- second or third trimester of pregnancy as of the start date of coverage
- newly diagnosed or relapsed cancer (chemotherapy, radiation therapy, or reconstruction)
- transplant candidates, unstable recipients, or recipients who need ongoing care because of transplant-related complications
- acute conditions like heart attacks, strokes, or unstable chronic conditions in active treatment

- recent major surgeries still in the follow-up period (generally six to eight weeks)
- hospital confinement on the plan start date (for plans that do not have extension of coverage provisions)
- trauma
- nonparticipating health care facility services for inpatient care (maternity or hospice care associated with a TOC request when nonparticipating doctor, hospital, or other provider services are approved for TOC and the doctor, hospital, or other provider does not have privileges at a participating health care facility)

Broadly speaking, conditions generally approved for TOC include those related to obstetrics, oncology, organ transplants, major surgery, and MHSUD. Other conditions, such as terminal illness, scheduled surgeries, and chronic illness, may be considered and approved for TOC based on the specific member's circumstances.

If the TOC request meets the inclusion criteria, Cigna may complete a medical necessity review upon receipt of the clinical information from the member or provider and may make a determination about coverage of the above services.

Unless otherwise required by applicable state mandates, which always take precedence, TOC approvals apply to an appropriate period following the member's start date (e.g., 30, 60, or 90 days) or until the member completes care or transitions to a participating doctor, hospital, or other provider or exceeds coverage limitations, whichever occurs first. Approvals do not generally exceed 90 days.

17. Please confirm if COBRA services are available with the award of the medical program. If so, is the cost included in the proposed rates?

We will continue to pay for COBRA services to City of Coconut Creek's choice of vendor.

Voluntary Vision:

1. Please confirm proposed provider network.

As the incumbent carrier your vision plan will remain the same through Cigna Vision powered by EyeMed.

2. For bidders not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

This is not applicable as Cigna's Vision network is a national network. Our network consists of eye care providers from EyeMed Vision Care®. The network also includes Walmart, Sam's Club, and Costco.

Our network strategy of including both retail and independent eye care practices ensure members have access to a variety of providers with a range of products and convenient service hours.

3. Please confirm if ophthalmologists are included as a part of the proposed vision network.

Our network consists of eye care providers from EyeMed Vision Care®. The network also includes Walmart, Sam's Club, and Costco.

The network includes 156,390 access points, 5,716 practices without OD/MD/DO and with 134,054 optometrists (OD) and 16,620 ophthalmologists (MD/DO), practicing at 35,220 service locations nationwide. Of these, 10,981 are national and regional retail optical locations. The remaining are independent, private practice providers.

Our network strategy of including both retail and independent eye care practices ensure members have access to a variety of providers with a range of products and convenient service hours.

4. How does the proposed plan cover contact lens fit and follow-up examinations?

The current vision exam only plan does not include coverage for contact lens fit and follow-up examinations. The buy up vision proposal include a contact lens allowance that may be applied toward supplemental contact lens and provider services, which include evaluation and fitting.

5. Is the materials copay applicable to contact lenses?

The current vision exam only plan does not include coverage for materials. The buy up vision proposal include a contact lens allowance and the material copay does not apply to contact lenses.

6. Does your proposal allow members to obtain contact lenses and eyeglasses within the same benefit period?

The current vision exam only plan does not include coverage for materials. The buy up vision proposal does not allow members to obtain contact lenses and eyeglasses within the same benefit period.

7. Is the frequency for services (i.e., 12/12/24) based on the plan/calendar year or from date of last service?

Benefit allowances are available on a 12- or 24- month frequency based on calendar year, plan year, or date of service. The current vision exam only plan's frequency is one exam every 12 months and based on a calendar year.

8. Please confirm dependent child(ren) eligibility.

As a general rule (although state exceptions may apply), a dependent is as follows:

- a lawful spouse
- a domestic partner (where allowed)
- an unmarried child (including those newly born, children who are adopted or placed for adoption, stepchildren, a child for whom dental coverage must be provided under a court order, or a dependent child who resides in the home as a result of a court order or administrative placement), who is one of the following:
 - younger than 19 years old
 - younger than 26 years old, if the dependent child is a full-time student enrolled at an accredited educational institution and reliant on the member for maintenance and support
 - any age, if the dependent child is incapable of self-sustaining employment due to mental or physical disability and reliant on the member for maintenance and support. Dependent eligibility is as determined by the employer within plan s dependent eligibility as determined by the client up to age 26.

For a dependent child over age 19, the member needs to furnish evidence of the dependent child's reliance on the member, in the form requested, within 31 days after the dependent child reaches the age of 19 and once a year thereafter during the term of coverage.

This definition of dependent applies unless modified by the contract.

9. Please provide a Vision Geo Access report as follows: Provider within 10 miles and Providers within 20 miles

Please see the GeoAccess analysis included in the Network Analysis Section of this proposal submission.

Life and Disability:

1. **If awarded the life insurance contract, confirm that proposer will grandfather current coverage amounts for which premiums have been paid. If “No,” please outline your proposed alternative.**

Cigna is not proposing Life and Disability.

2. **If awarded the life insurance contract, confirm that proposer will accept existing beneficiary designation [optional: contained within benefits administration system]. If “No,” outline your proposed alternative.**

Cigna is not proposing Life and Disability.

3. **Confirm that all employees enrolled in the group’s plan(s) who are currently not “actively at work” due to disability, FMLA, or any other reasons, will be covered under the plan(s) implemented for the effective date stated in this RFP.**

Cigna is not proposing Life and Disability.

4. **If awarded the life insurance contract, will proposer offer a true Open Enrollment? Future open enrollment periods?**

Cigna is not proposing Life and Disability.

5. **Confirm proposer can match current Life and AD&D policy Leave Continuation Options. If “No”, please detail proposing firm’s proposed provisions where conflicting.**

Cigna is not proposing Life and Disability.

6. **Please confirm the Life and AD&D rounding rules (i.e., rounded to next highest or nearest \$1,000 if a multiple of salary).**

Cigna is not proposing Life and Disability.

7. **Are the voluntary spouse life rates based on age of the spouse or the employee?**

Cigna is not proposing Life and Disability.

8. **Please confirm the proposed Dependent Child limiting age.**

Cigna is not proposing Life and Disability.

9. **Please confirm if the voluntary life premium charges straddle the costs based on the IRS Premium Table rates as noted in the IRS Publication 15-B.**

Cigna is not proposing Life and Disability.

10. **Confirm proposer can match current LTD policy Takeover Provisions. If “No”, please detail proposing firm’s proposed provisions where conflicting.**

Cigna is not proposing Life and Disability.

11. **What disability tax reporting option is included in the proposed pricing?**

Cigna is not proposing Life and Disability.

12. **What billing options are available (i.e., self, list, online, other)?**

Cigna is not proposing Life and Disability.

13. What methods for claim initiation are available?

Cigna is not proposing Life and Disability.

14. Is a claims manager assigned on a case-by-case basis or is one claims manager specifically assigned to the group?

Cigna is not proposing Life and Disability.

15. Are additional value added programs offered with the Basic Life and/or employer-paid LTD (i.e., Will Preparation, Beneficiary Assistance, Life Assistance Program, etc.)?

Cigna is not proposing Life and Disability.

Health Savings Account:**1. How are fees established?**

Our HSA administration fee for employers is \$4.50 PEPM. The monthly HSA Bank administration fee for account holders is \$1.85.

2. Are employee fees based on the amount in accounts or on how much is contributed monthly?

Our HSA administration fee for employers is \$4.50 PEPM. The monthly HSA Bank administration fee for account holders is \$1.85.

3. Could the payment for the monthly fee be split between the employer and employee?

Yes. In the event that an employer chooses to split the fee, the employee portion will be deducted from the account, and the employer portion will be billed through Cigna Healthcare billing.

4. Could employees pay fees directly or must they pay out of the HSA?

If the employer chooses to pay the fee, HSA Bank bills Cigna Healthcare, and we bill the PEPM fee to the employer on the monthly invoice. If the employee is paying the fee, HSA Bank deducts the fee from the bank account on the first of the following month.

5. Do employees have access to price transparency information and health care quality comparison tools?

Yes. We empower Cigna Choice Fund® members using a complementary approach that leverages a variety of decision-support tools. Choice Fund–specific decision-support tools (via myCigna) include the following:

- online bill pay and fund transfer features available on the bank website via myCigna
- text and email alerts
- cost and quality comparisons for specific medical procedures and treatments
- lists of medical expenses that qualify for coverage
- tools to assess, track, and manage personal health
- FAQs about health care in general and Choice Fund specifically
- access to Choice Fund account transactions, available balance, and claim status detail
- enrollment-support tools (via the Cigna Easy Choice Tool) for prospective Choice Fund members that include the following:
 - a plan/cost comparison tool that allows members to compare potential out-of-pocket cost of various Cigna plans according to what their employer offers (available during preenrollment)
 - an average cost-of-services tool that lets members access average Cigna

network medical cost information for common medical services and conditions based on ETGs (available during pre- and postenrollment)

6. Does the account trustee/custodian provide phone or Web counseling to help employees review and minimize their spending?

Cigna works with HSA Bank as the Cigna Choice Fund® HSA custodian. While Cigna can administer a high-deductible health plan (HDHP) independent of an HSA, our Choice Fund HSA delivers a fully integrated plan that leverages Cigna's unrivaled medical resources with HSA Bank's financial and HSA expertise.

Our HSA plans integrate the following features and resources to ensure it is the best choice for consumer-driven plans, now and in the future.

Member features include the following:

- customized communications program, preenrollment assistance, and industry-leading member decision-support tools
- preenrollment phone and enrollment support to address medical plan questions and HSA requirements for establishing a bank account
- cost comparison tools with HSA calculators
- a single toll-free Cigna number to call for questions about their HDHP and HSA
- single log-in to myCigna to access medical plan and HSA information
- multiple options to access HSA funds, including medical claim AutoPay, HSA debit card, online bill pay, and checkbook
- investment options for HSA accountholders through Charles Schwab and Devenir

In addition, Cigna's unrivaled medical resources help healthy members stay healthy and ensure unhealthy members obtain the care they need.

7. Does the vendor prepare annual IRS reports for the employer?

The bank custodian provides forms 1099-SA and 5498-SA. In addition, HSA administrative fees charged to City of Coconut Creek by Cigna are reported appropriately to City of Coconut Creek, as required, via 5500 reporting. City of Coconut Creek is required to finalize any forms and filing with the IRS.

8. Does the vendor aid with comparability rules for employer contributions?

No.

9. Does the vendor offer checks or a debit card for HSA payments or withdrawals?

Yes. Members choose when and how they access their HSA funds. Available options include the following:

- debit card
- online bill pay
- EFT
- checkbook
- medical claim AutoPay
- ATM access

10. Does the account trustee/custodian impose limits on the number of distributions that employees can take for a specific period of time?

A daily limit of \$5,000 applies to debit card point-of-sale transactions, a daily limit of \$2,500 applies to EFTs, and a daily limit of \$300 applies to cash withdrawals. (There is no minimum.) Online bill payments

are limited to the available balance in the HSA cash account.

There is no limit to the number of HSA transactions or distributions. The account holder can use the HSA at their discretion and without limitation.

If an account holder pays an out-of-pocket amount in excess of the available HSA balance early in the year, the account holder may pay themselves from the HSA later in the year when a higher balance is available. 28 RFP Attachments

All documents included with this RFP will be attached to this section. Attachments include:

- 1. Medical Information – Summaries, SBC’s, SPDs, and Claims**
- 2. Dental & Vision – Summaries and COC’s, and Claims reports**
- 3. Basic Life, Vol Life, STD, LTD Information – Summaries, COC’s, and Claims experience**
- 4. COBRA, FSA, and Retiree Billing TPA agreements**
- 5. HSA fee schedule**

25 Questionnaire – Flexible Savings Account

- 1. Are you able to provide the Section 125 plan document?**

Cigna is not quoting FSA administration.

- 2. Is there an additional cost associated with the preparation of Section 125 document, (if so, please include in the FSA table above)?**

Cigna is not quoting FSA administration.

Vendors Response Attachments

Vendors are asked to include all documents supporting their proposal in this section.

- 1. Please attach all documents needed to support your proposal.**

Noted.

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Cigna has no exceptions to the RFP provisions. We have provided clarifying responses to certain RFP provisions below.

SECTION I - GENERAL TERMS AND CONDITIONS

38. Audit Rights

The City reserves the right to audit the records of the Contractor for the commodities and/or services provided under the contract at any time during the performance and term of the contract and for a period of five (5) years after completion and acceptance by the City. If required by the City, the Contractor agrees to submit to an audit by an independent certified public accountant selected by the City. The Contractor shall allow the City to inspect, examine and review the records of the Contractor in relation to this contract at any and all times during normal business hours during the term of the contract.

Cigna maintains its records in accordance with legal, regulatory, and business requirements, as well as our own record retention policy, which meets and/or exceeds the three (3) years requested by the City. When required by applicable state or federal law and in keeping with the standards of the industry and Cigna's standard audit and review procedures, Cigna shall cooperate with a required audit or review of applicable documents conducted by a duly authorized representative. However, under a fully insured arrangement, Cigna is fully responsible for claims administration and carries all risk associated with such processes therefore, external audits are not permitted. Cigna has an internal claim quality assurance program to monitor internal performance standards to ensure the accuracy of claims payment.

Cigna will provide certain reports to the City to enable them to administer their coverage plans. If termination of the contract should occur, Cigna would transfer information to a designated carrier upon receipt of a suitable confidentiality and hold harmless agreement from that carrier.

39. Patents and Royalties

The Contractor, without exception, shall indemnify and save harmless the City of Coconut Creek and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City of Coconut Creek. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

Cigna will agree to indemnify the City and its officers and employees against any final judgment for damages awarded by a court of competent jurisdiction finding that Cigna's intellectual property (excluding the intellectual property of the City or other third parties) provided by Cigna to the City in connection with the

services has infringed upon any patent of the United States arising out of the performance of this contract.

41. Assignment and Sub-Letting

No assignment of this contract or any right occurring under this contract shall be made, in whole or in part, by the Contractor without the express written consent of the City Commission which consent shall not be unreasonably withheld. In the event of any assignment, the assignee shall assume the rights, duties and responsibilities of the Contractor.

Cigna agrees not to assign the contract in whole; however, while Cigna serves as the sole provider of services requested in this proposal, a number of the services under our contracts are performed by affiliates of Cigna with a particular expertise in order to help contain costs without prior written approval from clients. Every such service is supervised by Cigna.

47.1 Termination for Cause: Immediate

In the event the Contractor shall default in or violate any of the terms, obligations, restrictions or conditions of this contract, the City may, upon written notice to the Contractor, terminate this contract effective immediately. In the event of such termination the City may hold the Contractor liable for any and all damages sustained by the City arising out of such default, including but not limited to costs of reprocurement and cover.

Cigna agrees the City may terminate for cause and/or convenience; however, the City is liable for its obligations to pay premiums as required under the insurance policy. Cigna specifically reserves its right to immediately terminate for cause if the City fails to pay premiums as required under the insurance policy.

Cigna agrees that, in the event of its failure to perform, the City may procure services from other sources; however, Cigna will not be liable for costs for re-procurement or the cost for an increase in price for services. Further, damages may not be deducted from any funds due and owed to Cigna.

SECTION II - SPECIAL TERMS AND CONDITIONS

8. Uncontrollable Circumstances ("Force Majeure")

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, or delay or failure of service from a public utility needed for their performance, provided that:

Agreed; however, nothing herein shall relieve the City from its obligation to pay fees or premiums beyond the grace period.

18. Insurance Requirements

If the Proposer is required to go on to City property to perform work or services as a result of contract award, the successful Proposer and/or any and all subproposers or anyone directly or indirectly employed by either of them throughout the term of the contract shall assume full responsibility and expense to obtain all necessary insurance as required by City.

As a standard insurance industry practice, Cigna requires its subcontractors to maintain reasonable and customary types and limits of insurance. Subcontractor insurance requirements vary based upon factors such as contract value, scope of services, availability of insurance, and financial exposure to Cigna. Standard insurance requirements may be waived based upon Cigna’s overall supplier risk assessment.

The Proposer shall provide the Procurement Division original certificates of coverage prior to engaging in any activities under this contract. The Proposer's insurance is subject to the approval of the City's Risk Manager. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Proposer, by submitting his proposal, agrees to abide by such modifications. Throughout the term of this Contract, Successful Proposer shall maintain in force at their own expense, insurance as follows:

Cigna’s comprehensive insurance programs spanning 30+ countries and 85+ insurance policies require significant coordination and administration from various internal and external partners. Since various forms of risk-financing options are utilized to manage enterprise-wide risks (self-insurance, captive insurance programs and insurance purchase), Cigna is unable to accept requests for changes to or approval for its insurance policies. Please note that some insurance policies are written on a multi-year basis, further limiting our ability to make changes.

18.2 General Liability

Commercial General Liability insurance with limits not less than \$1,000,000.00 each occurrence combined single limit for Bodily Injury and Property Damage including coverage for premises/operations, contractual liability, personal injury, explosion, collapse, underground hazard, products/completed operations, broad form property damage, cross liability and severability of interest clause. This policy of insurance shall be written in an “occurrence” based format.

Agreed, as applicable to the insurance products contemplated in this proposal.

[Redacted text block]

This document has been redacted in accordance with Sections 119.071(3)(d), 119.0725(2) & (3), F.S.

[REDACTED]

[REDACTED]

18.5 General

Auto Liability and General Liability policies shall be endorsed to provide the following:

- A. Name as Additional Insured the City of Coconut Creek and its Officers, Agents, Employees and Commission Members.
- B. That such insurance is primary to any other insurance available to the additional insured with respect to claims covered under the policy and that insurance applies separately to each insured against whom claims are made or suit is brought, but the inclusion of more than one insured shall not operate to increase the insurer's limit of liability.

All policies shall be endorsed to provide sixty (60) days prior written notice of cancellation, non-renewal or reduction in coverage or limits to:

Cigna is able to grant "additional insured" status to its clients and business partners on a blanket basis only.

Cigna will provide the City with a 60-day notice of cancellation of any of our insurance programs if any insurance policies are cancelled or non-renewed and not immediately replaced by a substantially similar insurance program. Cigna's insurance premiums, on every insurance program, are paid in full at policy inception thereby eliminating any chance of policy cancellation due to non-payment of premiums; none of the insurance policies have been cancelled due to non-payment of insurance premiums.

Further, The Cigna Group's multifaceted and complex insurance program undergoes various changes throughout the year based upon industry changes, availability of insurance products in the marketplace, our risk transfer philosophy, and various other factors. As such, The Cigna Group is unable to accommodate any requests for notification of changes from third parties.

18.6 Insurance Company and Agent

All insurance policies herein required of the Successful Proposer shall be written by a company with a A.M. Best rating of A-VII or better that is duly authorized and licensed to do business in the State of Florida and shall be executed by agents, thereof that are duly licensed as agents in said state.

The Cigna Group's comprehensive insurance programs, spanning over 30 countries and 85 insurance policies, require significant coordination and

administration from various internal and external partners. Since various forms of risk-financing options are utilized to manage enterprise-wide risks (self-insurance, captive insurance programs, and insurance purchase), The Cigna Group is unable to accommodate any requests for client approval of its insurers, or to make any changes to its policies. With the exception of captive and self-insurance programs, all of The Cigna Group's primary insurers have at least an "A-, VIII" rating from A.M. Best at the time of insurance placement or renewal, whichever is later.

19. Dispute Resolution

19.1 Dispute Resolution Process

19.1.1 All claims, disputes and controversies arising out of or related to the performance, interpretation, application or enforcement of this Agreement, including but not limited to claims for payment and claims for breach of this Agreement, shall be settled internally with the City Manager or designee.

19.1.2 In the event a dispute cannot be settled through the chain of command set forth in this section, all claims, disputes and controversies shall be referred to mediation before initiation of any adjudicative action or proceeding at law or in equity, unless it shall be unreasonable to do so or an emergency situation or necessity dictates otherwise. All applicable statutes of limitations and defenses based on the passage of time shall be tolled while the mediation process is pending. The parties will take all reasonable measures necessary to effectuate such tolling.

19.1.3 Either party may initiate the mediation process by delivering written notice to the other party that sets forth with particularity the nature of the party's claim or demand, the authority for making the claim or demand, a proposed remedy, the nature and extent of any monetary claim, and a request for mediation. The Contractor and City shall then participate fully in the mediation process and conscientiously attempt to resolve their dispute. The mediation shall be conducted in Broward County, Florida, in accordance with the Florida Supreme Court's mediation rules, within sixty (60) days after the joint selection of a certified civil mediator who is mutually acceptable to both parties. If a dispute is not resolved pursuant to mediation within sixty (60) days after the initiation of the mediation conference, either party to the dispute may elect to resolve the dispute by initiating litigation in a court of competent jurisdiction in Broward County, Florida, after providing ten (10) days' advance written notice to the other party.

19.1.4 The parties agree that any claim filed in state or federal court concerning this Agreement shall be heard by a judge, sitting without a jury. THE CITY AND THE CONTRACTOR HEREBY KNOWINGLY, VOLUNTARILY, AND PERMANENTLY WAIVE ANY RIGHT THEY MAY HAVE TO A JURY TRIAL CONCERNING THE PERFORMANCE, INTERPRETATION, APPLICATION, OR ENFORCEMENT OF THIS AGREEMENT.

Cigna reserves the right to dispute resolution in any appropriate jurisdiction.

CITY OF COCONUT CREEK

INSURANCE SERVICES
RFP NO. 06-05-24-11

SCHEDULE OF PROPOSAL PRICES AND BENEFITS

MEDICAL PLAN BENEFITS response form – HDHP**1. Response Form - Medical Insurance****Response Form - HDHP Open Access Plus Medical Plan Design****A. Please fill out this table if you are providing a quote for a Medical plan with In Network and Out of Network Benefits.**

Schedule of Benefits	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Network(s) Utilized	Cigna Open Access Plus	Cigna Open Access Plus	Cigna Open Access Plus	Cigna Open Access Plus
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$2,800	\$5,000	\$2,800	\$5,000
Family Deductible	\$3,000 (Ind)/\$5,600 (Fam)	\$5,000 (Ind/\$10,000 (Fam)	\$3,200 (Ind)/\$5,600 (Fam)	\$5,000 (Ind/\$10,000 (Fam)
Out-of-Pocket Maximum Individual	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-Pocket Maximum Family	\$5,000 (Ind)/\$10,000 (Fam)	\$10,000 (Ind)/\$20,000 (Fam)	\$5,000 (Ind)/\$10,000 (Fam)	\$10,000 (Ind)/\$20,000 (Fam)
Member Coinsurance	10%	30%	10%	30%
Physician Office Visit Copay	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Care Copay	No Charge	30% after CYD	No Charge	30% after CYD
Virtual Visit (MD Live Urgent)	0% after CYD	Not Covered	0% after CYD	Not Covered
Specialist Office Visit Copay	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Independent Clinical Lab	10% after CYD	30% After CYD	10% after CYD	30% After CYD
X-rays	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Urgent Care Visit	10% after CYD	10% After CYD	10% after CYD	10% After CYD

Outpatient Surgery in Surgical Center (Facility Fee)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Emergency Room (Per Visit)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Office Visit	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Tier 1 - Generic (30 day)	\$15 after CYD	30% After CYD	\$15 after CYD	30% After CYD
Tier 2 - Preferred Brand Name (30 day)	\$35 after CYD	30% After CYD	\$35 after CYD	30% After CYD
Tier 3 - Non-Preferred Brand Name (30 day)	\$60 after CYD	30% After CYD	\$60 after CYD	30% After CYD
Tier 4 - Specialty	\$80 after CYD	30% After CYD	\$80 after CYD	30% After CYD
Prescription Drugs - 90 Day Supply	2.5x Retail Copay after CYD	30% After CYD	2.5x Retail Copay after CYD	30% After CYD
Minimum Participation			70% of total eligible employees enroll in the Plan.	70% of total eligible employees enroll in the Plan.

**B. Please fill out this table with rates for your proposed line of coverage.
(HDHP Open Access Plus Medical Plan Design)**

Coverage Tier	Current Rates	Proposed Rates
Employee Only	\$1,002.26	\$1,052.37
Employee + Spouse	\$1,804.46	\$1,894.68
Employee + Child(ren)	\$1,712.64	\$1,798.27
Employee + Family	\$2,440.04	\$2,562.04
Rate Guarantee	09/30/2024	09/30/25

C. Response Form - Medical Insurance - Cigna
Response Form - Cigna OAPIN Medical Plan Design

Schedule of Benefits	Current Plan - In Network	Proposed Plan - In Network
Network(s) Utilized	Open Access Plus	Open Access Plus
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$1,000	\$1,000
Family Deductible	\$2,000	\$2,000
Out-of-Pocket Maximum Individual	\$6,350 \$4,000 Med / \$2,350 Rx	\$6,350 \$4,000 Med / \$2,350 Rx
Out-of-Pocket Maximum Family	\$12,700 \$8,000 Med / \$4,700 Rx	\$12,700 \$8,000 Med / \$4,700 Rx
Member Coinsurance	20%	20%
Physician Office Visit Copay	\$30 Copay	\$30 Copay
Preventive Care Copay	No charge	No charge
Virtual Visit (MD Live)	No charge	No charge
Specialist Office Visit Copay	\$50 Copay	\$50 Copay
Independent Clinical Lab	No charge	No charge
X-rays	No Charge	No Charge
Advanced Imaging (MRI, PET, CT)	20%	20%
Urgent Care Visit	\$75 Copay	\$75 Copay
Outpatient Surgery in Surgical Center	20% after CYD	20% after CYD
Physician Services at Surgical Center	20% after CYD	20% after CYD
Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Outpatient Hospital (Per Visit)	20% after CYD	20% after CYD
Physician Services at Hospital	20% after CYD	20% after CYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	No Charge	No Charge
Mental Health & Substance Abuse Office Visit	\$50	\$50
Tier 1 - Generic (30 day)	\$15	\$15
Tier 2 - Preferred Brand (30 day)	\$35	\$35
Tier 3 - Non-Preferred Brand (30 day)	\$60	\$60
Tier 4 - Specialty	\$80	\$80
Retail 90 Day Supply	2.5x Retail copay	2.5x Retail copay
Minimum Participation		70% of total eligible employees enroll in the Plan

**D. Please fill out this table with rates for your proposed line of coverage
(Current - Cigna OAPIN Medical Plan Design)**

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	\$1,225.12	\$1,286.38
Employee + Spouse	\$2,205.73	\$2,316.02
Employee + Child(ren)	\$2,093.41	\$2,198.08
Employee + Family	\$2,982.57	\$3,131.70
Rate Guarantee	09/30/2024	09/30/25

E. Please provide a quote for Alternative Medical HDHP plans with In Network and Out of Network Benefits – with Non-Embedded Deductibles and OOP Maximums. These plans will replace the current Cigna HDHP Open Access Plus

Alternative Medical Benefits HDHP - Form 1

Schedule of Benefits	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Network(s) Utilized	TBD	TBD	OAP	OAP
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$1,600	\$3,200	\$1,600	\$3,200
Family Deductible	\$3,200	\$6,400	\$3,200	\$6,400
Out-of-Pocket Maximum Individual	\$3,200	\$6,400	\$3,200	\$6,400
Out-of-Pocket Maximum Family	\$6,400	\$12,800	\$6,400	\$12,800
Member Coinsurance	10%	30%	10%	30%
Physician Office Visit Copay	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Care Copay	No Charge	30% after CYD	No Charge	30% after CYD
Virtual Visit (MD Live Urgent)	0% after CYD	Not Covered	0% after CYD	Not Covered
Specialist Office Visit Copay	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Independent Clinical Lab	10% after CYD	30% After CYD	10% after CYD	30% After CYD
X-rays	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Urgent Care Visit	10% after CYD	10% After CYD	10% after CYD	10% After CYD
Outpatient Surgery in Surgical Center (Facility Fee)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD	10% After CYD	30% After CYD

Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Emergency Room (Per Visit)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Office Visit	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Tier 1 - Generic (30 day)	\$15 after CYD	30% After CYD	\$15 after CYD	30% After CYD
Tier 2 - Preferred Brand Name (30 day)	\$35 after CYD	30% After CYD	\$35 after CYD	30% After CYD
Tier 3 - Non-Preferred Brand Name (30 day)	\$60 after CYD	30% After CYD	\$60 after CYD	30% After CYD
Tier 4 - Specialty	\$80 after CYD	30% After CYD	\$80 after CYD	30% After CYD
Prescription Drugs - 90 Day Supply	2.5x Retail Copay after CYD	30% After CYD	2.5x Retail Copay after CYD	30% After CYD
Minimum Participation			70% of total eligible employees enroll in the Plan.	70% of total eligible employees enroll in the Plan.

F. Please fill out this table with rates for your proposed line of coverage-Alternative Medical HDHP plan -Form 1

Coverage Tier	Proposed Rates
Employee Only	\$1,104.99
Employee + Spouse	\$1,989.41
Employee + Child(ren)	\$1,888.18
Employee + Family	\$2,690.14
Rate Guarantee	09/30/25

G. Alternative Medical Benefits HDHP - Form 2

Schedule of Benefits	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Network(s) Utilized	TBD	TBD	OAP	OAP
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000

Family Deductible	\$5,000	\$10,000	\$5,000	\$10,000
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Out-of-Pocket Maximum Individual	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-Pocket Maximum Family	\$10,000	\$20,000	\$10,000	\$20,000
Member Coinsurance	10%	30%	10%	30%
Physician Office Visit Copay	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Preventive Care Copay	No Charge	30% after CYD	No Charge	30% after CYD
Virtual Visit (MD Live Urgent)	10% after CYD	Not Covered	10% after CYD	Not Covered
Specialist Office Visit Copay	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Independent Clinical Lab	10% after CYD	30% After CYD	10% after CYD	30% After CYD
X-rays	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Urgent Care Visit	10% after CYD	10% After CYD	10% after CYD	10% After CYD
Outpatient Surgery in Surgical Center (Facility Fee)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Emergency Room (Per Visit)	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Mental Health & Substance Abuse Office Visit	10% after CYD	30% After CYD	10% after CYD	30% After CYD
Tier 1 - Generic (30 day)	\$15 after CYD	30% After CYD	\$15 after CYD	30% After CYD
Tier 2 - Preferred Brand Name (30 day)	\$35 after CYD	30% After CYD	\$35 after CYD	30% After CYD
Tier 3 - Non-Preferred Brand Name (30 day)	\$60 after CYD	30% After CYD	\$60 after CYD	30% After CYD
Tier 4 - Specialty	\$80 after CYD	30% After CYD	\$80 after CYD	30% After CYD

Prescription Drugs - 90 Day Supply	2.5x Retail Copay after CYD	30% After CYD	2.5x Retail Copay after CYD	30% After CYD
Minimum Participation			70% of total eligible employees enroll in the Plan.	70% of total eligible employees enroll in the Plan.

H. Please fill out this table with rates for your proposed line of coverage-Alternative Medical HDHP plan -Form 2

Coverage Tier	Proposed Rates
Employee Only	\$1,059.74
Employee + Spouse	\$1,907.94
Employee + Child(ren)	\$1,810.86
Employee + Family	\$2,579.97
Rate Guarantee	09/30/25

I. Please provide a quote for Alternative Medical OAPIN (HMO) plans with In-Network Benefits and Non-Embedded deductibles and OOP Maximums. These plans will replace the current Cigna OAPIN

Alternative In-Network Medical Plan Design - Response Form 1

Schedule of Benefits	Current Plan - In Network	Proposed Plan - In Network
Network(s) Utilized	TBD	OAPIN
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$750	\$750
Family Deductible	\$1,500	\$1,500
Out-of-Pocket Maximum Individual	\$3,000	\$3,000
Out-of-Pocket Maximum Family	\$6,000	\$6,000
Member Coinsurance	20%	20%
Physician Office Visit Copay	\$20 Copay	\$20 Copay
Preventive Care Copay	No charge	No charge
Virtual Visit (MD Live)	No charge	No charge
Specialist Office Visit Copay	\$40 Copay	\$40 Copay
Independent Clinical Lab	No charge	No charge
X-rays	No Charge	No Charge
Advanced Imaging (MRI, PET, CT)	20%	20%
Urgent Care Visit	\$75 Copay	\$75 Copay
Outpatient Surgery in Surgical Center	20% after CYD	20% after CYD
Physician Services at Surgical Center	20% after CYD	20% after CYD
Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Outpatient Hospital (Per Visit)	20% after CYD	20% after CYD
Physician Services at Hospital	20% after CYD	20% after CYD

Emergency Room (Per Visit)	\$150 Copay	\$150 Copay
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Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	No Charge	No Charge
Mental Health & Substance Abuse Office Visit	No charge	No charge
Tier 1 - Generic (30 day)	\$15	\$15
Tier 2 - Preferred Brand (30 day)	\$35	\$35
Tier 3 - Non-Preferred Brand (30 day)	\$60	\$60
Tier 4 - Specialty	\$80	\$80
Retail 90 Day Supply	2.5x Retail copay	2.5x Retail copay
Minimum Participation		70% of total eligible employees enroll in the Plan.

J. Please fill out this table with rates for your proposed line of coverage-Alternative Medical OAPIN plan -Form 1

Coverage Tier	Proposed Rates
Employee Only	\$1,314.68
Employee + Spouse	\$2,366.97
Employee + Child(ren)	\$2,246.44
Employee + Family	\$3,200.60
Rate Guarantee	09/30/25

K. Please provide a quote for Alternative Medical OAPIN (HMO) plans with In-Network Benefits

Alternative In-Network Medical Plan Design - Response Form 2

Schedule of Benefits	Current Plan - In Network	Proposed Plan - In Network
Network(s) Utilized	TBD	OAPIN
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year
Individual Deductible	\$500	\$500
Family Deductible	\$1,500	\$1,500
Out-of-Pocket Maximum Individual	\$3,000	\$3,000
Out-of-Pocket Maximum Family	\$6,000	\$6,000
Member Coinsurance	20%	20%
Physician Office Visit Copay	\$25 Copay	\$25 Copay
Preventive Care Copay	No charge	No charge
Virtual Visit (MD Live)	No charge	No charge
Specialist Office Visit Copay	\$50 Copay	\$50 Copay
Independent Clinical Lab	No charge	No charge
X-rays	No Charge	No Charge
Advanced Imaging (MRI, PET, CT)	20%	20%
Urgent Care Visit	\$75 Copay	\$75 Copay
Outpatient Surgery in Surgical Center	20% after CYD	20% after CYD
Physician Services at Surgical Center	20% after CYD	20% after CYD

Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Outpatient Hospital (Per Visit)	20% after CYD	20% after CYD
Physician Services at Hospital	20% after CYD	20% after CYD
Emergency Room (Per Visit)	\$200 Copay	\$200 Copay
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	20% after CYD	20% after CYD
Mental Health & Substance Abuse Outpatient Services (Per Visit)	No Charge	No Charge
Mental Health & Substance Abuse Office Visit	\$50	\$50
Tier 1 - Generic (30 day)	\$15	\$15
Tier 2 - Preferred Brand (30 day)	\$35	\$35
Tier 3 - Non-Preferred Brand (30 day)	\$60	\$60
Tier 4 - Specialty	\$80	\$80
Retail 90 Day Supply	2.5x Retail copay	2.5x Retail copay
Minimum Participation		70% of total eligible employees enroll in the Plan.

L. Please fill out this table with rates for your proposed line of coverage-Alternative Medical OAPIN plan -Form 2

Coverage Tier	Proposed Rates
Employee Only	\$1,333.98
Employee + Spouse	\$2,401.71
Employee + Child(ren)	\$2,279.41
Employee + Family	\$3,247.57
Rate Guarantee	09/30/25

2. Response Form - Dental

A. Please complete the tables below if you are quoting dental insurance:

Complete if proposing Dental PPO Insurance:

Dental PPO Plans	Current - In Network	Current - Out of Network	Proposed - In Network	Proposed - Out of Network
Network	\$2,000	\$2,000	Year 1: \$2000 Year 2: \$2150 Year 3: \$2300 Year 4: \$2450	Year 1: \$2000 Year 2: \$2150 Year 3: \$2300 Year 4: \$2450
Annual Maximum (Calendar / Plan Year)	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Annual Maximum Include Class I / Preventive Services?			Yes	Yes
Deductible - Single	\$50	\$100	\$50	\$100
Deductible - Family	\$150	\$300	\$150	\$300
Deductible Waived for Preventative Services	Yes	Yes	Yes	Yes
Class I: Diagnostic & Preventive	Please do not provide information on this row	Please do not provide information on this row		

Routine Oral Exam	Plan Pays: 100% Deductible Waived	Plan Pays: 100% After CYD	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived
Routine Cleanings	Plan Pays: 100% Deductible Waived	Plan Pays: 100% After CYD	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived
Routine X-rays (Bitewings - 1 in 6 Months)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% After CYD	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived
Non-routine X-rays (Complete set - 1 Every 5 Calendar Years)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% After CYD	Plan Pays: 100% Deductible Waived. (Complete set - 1 Every 3 Calendar Years)	Plan Pays: 100% Deductible Waived. (Complete set - 1 Every 3 Calendar Years)
Class II: Basic Restorative	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row
Fillings	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)
Simple Extractions	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)
Oral Surgery - Minor & Major	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)
Endodontics - Minor & Major	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)
Periodontics - Minor & Major	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)
Anesthesia	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance Billing)	Plan Pays: 100% after CYD	Plan Pays: 80% after CYD (Subj to Balance

				Billing)
Class III: Major Restorative	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row
Bridges	Plan Pays: 60% after CYD	Plan Pays: 50% after CYD (Subj to Balance Billing)	Plan Pays: 60% after CYD	Plan Pays: 50% after CYD (Subj to Balance Billing)
Dentures	Plan Pays: 60% after CYD	Plan Pays: 50% after CYD (Subj to Balance Billing)	Plan Pays: 60% after CYD	Plan Pays: 50% after CYD (Subj to Balance Billing)
Implants			Plan Pays: 60% after CYD	Plan Pays: 50% after CYD (Subj to Balance Billing)
Class IV: Orthodontia	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row	Please do not provide information on this row
Orthodontia Coverage -	N/A	N/A	N/A	N/A
Orthodontia Lifetime Maximum			N/A	N/A
Waiting Period for Timely Entrants	None	None	None	None

Waiting Period for Late Entrants	12 Months	12 Months	12 Months	12 Months
Out of Network Benefits Payable Level		90th Percentile		90th Percentile
Participation Requirements			+/-10% from total dental enrollment of 400	+/-10% from total dental enrollment of 400

B. Complete if proposing Dental PPO Insurance:

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	\$57.59	\$57.59
Employee + Spouse	\$113.80	\$113.80
Employee + Child(ren)	\$123.06	\$123.06
Employee + Family	\$156.54	\$156.54
Rate Guarantee	09/30/2024	2 Year Rate Guarantee from 10/1/2024 - 09/30/2026

C. Complete if proposing Dental DHMO Insurance:

Sample Procedures	Code	Current Plan - In-Network Only - Fee (Frequency)	Proposed Plan - In-Network Only - Fee (Frequency)
Network Utilized		Cigna Dental Care HMO	Cigna Dental Care Access (DHMO)
Annual Maximum			None
Periodic Exam	D0120	\$0	\$0
Office Visit	D9430	\$6	\$6
Prophylaxis	D1110	\$0	\$0
Full Mouth X-rays	D0210	\$0	\$0
Extraction			
Single Tooth	D7111	\$6	\$6
Partial Impaction	D7230	\$80	\$80
Boney Impaction	D7240	\$100	\$100
Fillings			
Amalgam - 1 surface	D2140	\$0	\$0
Resin - 1 surface	D2330	\$0	\$0
Sedative	D2940	\$6	\$6
Root Canal Therapy			
Anterior	D3310	\$90	\$90
Bicuspid	D3320	\$135	\$135
Molar	D3330	\$275	\$275
Periodontic Therapy			
Root Planning (1/4)	D4341	\$45	\$45
Gingivectomy (1/4)	D4210	\$145	\$145
Crown and Bridge			
Full High Noble Metal	D2790	\$220	\$220
Porcelain Fused to Metal	D2750	\$230	\$230
Dentures			
Partial Dentures	D5213	\$200	\$200

Complete Dentures	D5110	\$185	\$185
Denture Reline (chairside)	D5730	\$40	\$40

Denture Reline (lab)	D5750	\$70	\$70
Orthodontia			
Comprehensive Treatment	D8070-90	\$440	\$440
Adult Orthodontia Covered?		\$2,160	\$2,160
Minimum Participation Requirement			+/-10% from total dental enrollment of 400

D. Complete if proposing Dental PPO Insurance:

Coverage Tiers	Current Rates	Proposed Rates
Employee Only	\$20.86	\$20.86
Employee + Spouse	\$35.51	\$35.51
Employee + Child(ren)	\$37.35	\$37.35
Employee + Family	\$56.02	\$56.02
Rate Guarantee	09/30/2024	2 Year Rate Guarantee from 10/1/2024 - 09/30/2026

3. Vision Response Form

Please complete the following for Vision Insurance:

Please include standard and buy-up vision plan options

A. Vision Schedule of Benefits:

Vision Benefits Response Form	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Eye Exam Allowance	\$0 N/A	N/A Up to \$45	\$0 copay, covered 100%	Up to \$45 Allowance
Contact Lens Exam (Standard Fit / Follow-Up)	N/A	N/A	N/A	N/A
Retinal Imaging	N/A	N/A	N/A	N/A
Frequency of Services Examination	12 months	12 months	12 months	12 months
Frequency of Services Lenses			N/A	N/A
Frequency of Services Frames	N/A	N/A	N/A	N/A
Frequency of Services Contact Lenses	N/A	N/A	N/A	N/A
Lenses Single	N/A	N/A	N/A	N/A
Lenses Bifocal	N/A	N/A	N/A	N/A
Lenses Trifocal	N/A	N/A	N/A	N/A
Lenses Lenticular	N/A	N/A	N/A	N/A
Progressive Lens Standard	N/A	N/A	N/A	N/A
Progressive Lens Upgrade	N/A	N/A	N/A	N/A
Polycarbonate (up to age 19)	N/A	N/A	N/A	N/A
Frames Retail	N/A	N/A	N/A	N/A
Contact Lenses - In lieu of eyeglass lenses/frames or in the same benefits year with eyeglass lenses/frames	N/A	N/A	N/A	N/A

Contact Lenses Conventional	N/A	N/A	N/A	N/A
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Contact Lenses Disposable	N/A	N/A	N/A	N/A
Contact Lenses Non-Elective (Medically Necessary)	N/A	N/A	N/A	N/A
Savings Program	20% discount on frames and/or lenses (not applicable to contact lenses)	N/A	20% discount on frames and/or lenses (not applicable to contact lenses)	N/A
Minimum Participation			Vision participation follows Medical Plan	Vision participation follows Medical Plan

B. Vision Monthly Rates: Included In medical Premium

Covered	Current Rates	Proposed Rates
Employee Only		Included in Medical Premium
Employee+Spouse		Included in Medical Premium
Employee+Child(ren)		Included in Medical Premium
Employee+Family		Included in Medical Premium
Rate Guarantee	09/30/2025	09/30/2025

4. Response Form - Basic Life and AD&D Insurance

A. Please complete this form if you are proposing Basic Life and AD&D coverage.

Cigna no longer administers disability products following the divestiture of our businesses to NYLife.

Schedule of Benefits & Features	Current	Proposed
Eligibility	"All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week"	
Basic Life Benefit	"Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time."	
Benefit Amount	\$20,000	
Guarantee Issue Amount	\$20,000	
Basic AD&D Benefit	Same as Life Amount	
Age Reduction Schedule (Reduced to) (Indicate Basic Life and AD&D Separately if Different)	65% at age 70 50% at age 75	
Accelerated Death Benefit	50% to maximum of \$10,000	
Waiver of Premium	Begins after 6 months of continuous disability to age 65	

Conversion	Included	
Portability	Included	
Rate Guarantee	09/30/2026	
Life Rate/\$1,000	\$0.140	

AD&D Rate/\$1,000	\$0.020	
Estimated Volume (List Life and AD&D Separately if Different)	\$9,062,000	

B. Please complete this form if you are proposing Alternate Basic Life and AD&D coverage (\$50,000)

Cigna no longer administers disability products following the divestiture of our businesses to NYLife.

Schedule of Benefits & Features	Current	Proposed
Eligibility	"All Active, Full Time Employees working at the following minimum Hours: Police Officers: At least 84 hours per 2 week period All other Full Time Employees at least 30 hours per week"	
Basic Life Benefit	"Elected Officials - First of the month following election date. All Other Employees - 1st of the month following 30 days of employment; 1st of the month following Transfer from Part Time to Full Time."	
Benefit Amount	\$50,000	
Guarantee Issue Amount	\$50,000	
Basic AD&D Benefit	Same as Life Amount	
Age Reduction Schedule (Reduced to) (Indicate Basic Life and AD&D Separately if Different)	65% at age 70 50% at age 75	
Accelerated Death Benefit	50% to maximum of \$10,000	
Waiver of Premium	Begins after 6 months of continuous disability to age 65	
Conversion	Included	
Portability	Included	
Rate Guarantee	09/30/2026	
Life Rate/\$1,000	\$0.140	
AD&D Rate/\$1,000	\$0.020	
Estimated Volume (List Life and AD&D Separately if Different)	\$9,062,000	

5. Response Form - Supplemental Life and AD&D Insurance

A. Please complete this form if you are proposing Supplemental Life and AD&D coverage.

Cigna no longer administers disability products following the divestiture of our businesses to NYLife.

Schedule of Benefits & Features	Current	Proposed
Eligibility	All Active, Full Time Employees working at least 30 hours per week	

Employee Formula	"In increments of \$10,000 Not to exceed 5x annual earnings or \$500,000"	
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Employee Guaranteed Issue Amount	\$130,000	
Spouse Formula	"In increments of \$10,000 Not to exceed 100% of EE Amount or \$500,000"	
Spouse Guaranteed Issue Amount	\$130,000	
Spouse Rate Calculation (Employee or Spouse Age)	Spouse rates are based on the Employee's date of birth. A change in rates due to a change in the Employee's age will become effective on the Policy Anniversary coinciding with or following the Employee's birthday.	
Dependent Child Life Benefit	"Birth to 6 Months: \$1,000 6 Months to Age 26: In increments of \$1,000 to a maximum of \$10,000	
Dependent Spouse/Child Coverage Limit	\$1,000, \$10,000	
Age Reduction Schedule (Reduced to)	65% at age 70; 50% at age 75	
Annual Enrollment		
Waiver of Premium	Included	
Conversion	Included	
Portability	Included	
Rate Guarantee	9/30/2026	
Monthly EE Rate/\$1,000 / Spouse Rates	See Rate Table Below	
0-19	\$0.130 / \$0.085	
20-24	\$0.130 / \$0.085	
25-29	\$0.130 / \$0.085	
30-34	\$0.140 / \$0.090	
35-39	\$0.140 / \$0.090	
40-44	\$0.210 / \$0.125	
45-49	\$0.300 / \$0.170	
50-54	\$0.470 / \$0.250	
55-59	\$0.640 / \$0.340	
60-64	\$0.670 / \$0.355	
65-69	\$0.770 / \$0.405	
70-74	\$3.220 / \$1.630	
75-79	\$4.960 / \$2.500	
80-84	\$4.960 / \$2.500	
85+	\$4.960 / \$2.500	
Dependent Child Rate/\$1,000	\$0.026	
AD&D Rate/\$1,000	\$0.040 (AD&D Included in above Rates)	

6. Response Form - Employer Paid Short Term Disability Insurance

A. Please complete this form if you are proposing Short Term Disability coverage.

Cigna no longer administers disability products following the divestiture of our businesses to NYLife.

Schedule of Benefits & Features	Current	Proposed
Eligibility	All Active, Full Time Employees working at least 30 hours per week	
Benefit Percent	70%	
Maximum Benefit	\$1,500	
Minimum Benefit	\$25	
Benefit Duration (Includes or Excludes Elimination Period)	26 weeks including Elimination Period	
Partial Disability Benefit	Included	
Benefit Waiting Period	14 days sickness / 14 days injury	
Return to Work Incentive	Included	
Rate Guarantee	09/30/2026	
Rate/\$10 of Weekly Benefit	\$0.230	
Estimated Volume	\$490,191.41	

7. Response Form - Employer Paid Long Term Disability Insurance

A. Please complete this form if you are proposing Long Term Disability coverage.

Cigna no longer administers disability products following the divestiture of our businesses to NYLife.

Schedule of Benefits & Features	Current	Proposed
Eligibility	"Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers Class 2: All active FT Employees working at least 30 hrs/wk, excluding those classified as City Manager, City Attorney, Police Lieutenants, and all positions designed by the City as Administrative Officers"	
Definition of Disability	"Unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job"	
Elimination Period	180 Days	
Monthly Benefit	66.67%	
Benefit Maximum	\$5,000	
Benefit Minimum	The greater of \$100 per month or 10% of the Gross Disability Benefit	

Benefit Duration	SS ADEA or the Maximum Period of Payment (as listed in LTD COC)	
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Own Occupation Definition	Class 1 - N/A Class 2 - 24 months	
Partial Disability Benefit		
Return to Work Incentive	Included	
Pre-Existing Condition Limitation	3/12	
Mental Illness & Substance Abuse Limitation	24 Months	
Survivor Benefit	Included	
Leave Continuation Provision	Included	
Waiver of Premium	Included (prior to age 60)	
FICA & W-2 Services	Included	
Rate Guarantee	09/30/2026	
Rate/\$100 Covered Monthly Payroll	\$0.290	
Estimated Volume	2,786,228.86	

8. Response Form - Employee Assistance Program

A. Please fill this table out if you are providing a quote for an Employee Assistance Program

Schedule of Benefits	Current	Proposed
Eligibility	Please do not provide information on this row	<p>We informally verify eligibility when employees call stating they have EAP coverage. To ensure we do not compromise confidentiality, eligibility is not formally gathered through an eligibility feed nor is it verified through a structured system.</p> <p>It is in good faith that we approve services based on the employee's input.</p>
Eligibility Criteria	All Household members	All Household members
Services Included in Pricing	Please do not provide information on this row	<p>EAP Services Access to our EAP services is available online and via our toll-free number 24 hours a day, 7 days a week, 365 days a year. Individuals</p> <p>A list of the services within each category is included below.</p> <p>Employee and household member services include the following:</p> <ul style="list-style-type: none"> • assessment and referral services as follows: <ul style="list-style-type: none"> ○ unlimited consultation with telephonic EAP

		<ul style="list-style-type: none"> consultants (licensed clinicians) ○ live chat for EAP support and referral services through (myCigna OR 24/ ○ find-a-provider service ○ face-to-face or virtual care sessions with an EAP provider <ul style="list-style-type: none"> ▪ includes access to Talkspace, an in-network provider, for video-based and/or text therapy (to count toward the available number of sessions) ○ creation of action plans ○ referrals to MHSUD services ● onsite or virtual wellness seminars that address common personal and work-related concerns and whole-person health ● EAP national wellness webcasts, which are available bimonthly, feature a calendar for live participation, and offer on-demand archives ● onsite, online, or virtual employee orientations that provide an overview of the EAP, discussion on accessing care, and a question-and-answer session ● our Healthy Rewards® program that provides discounts on a wide range of complementary health care services and products online quarterly reporting ● follow-up services for the following: <ul style="list-style-type: none"> ○ crisis triage cases
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		<ul style="list-style-type: none"> ○ management referrals (in accordance with a signed release of information) ○ substance use provider evaluation cases (available as a buy-up option) ○ extended follow-up for mandatory referrals (available as a buy-up option) ○ a phone-based participant satisfaction survey based on a statistically valid sample ● referrals to community resource programs including the following: <ul style="list-style-type: none"> ○ Alcoholics Anonymous, Gamblers Anonymous, and Narcotics Anonymous ○ Reach to Recovery (American Cancer Society) ○ acquired immunodeficiency syndrome support groups ○ local church-sponsored support groups ○ sexual assault and recovery centers ● digital managing stress toolkit ● suicide prevention and awareness resources on ● EAP coverage page on myCigna for digital engagement, live chat, and self-service tools ● access to a page on our public website, www.cigna.com, specific to racial injustice and trauma (Better Together: Advancing the Race Dialogue) ● our behavioral health awareness series ● support for bereavement, divorce, domestic violence,
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		<p>eating disorders, exercise, and smoking cessation</p> <ul style="list-style-type: none"> • support before, during, and after a disaster, tragedy, or disruptive event through our Disaster Resource Center <p>Management services include the following:</p> <ul style="list-style-type: none"> • unlimited telephonic assistance, coaching, and consultative support for managers and HR professionals, available 24 hours a day, 7 days a week, 365 days a year • an EAP Resources for Managers and Organizations microsite • management trainings via seminars, group discussions, and online resources • management/mandatory referrals for significant job-performance concerns • onsite or virtual orientations that provide a detailed overview of our overall EAP services, including management consultations and mandatory referrals as well as a question-and-answer session • mandatory referrals for job jeopardy resulting from a positive drug screen or other corporate policy violation • reporting on intervention and referral outcomes <p>Organizational services include the following:</p> <ul style="list-style-type: none"> • critical incident stress management (CISM) that includes the following: <ul style="list-style-type: none"> ○ support that is available 24 hours a day, 7 days a week, 365 days a year ○ a critical incident needs assessment ○ an onsite response team (if determined to be the appropriate response)
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		<ul style="list-style-type: none"> ○ management/organizational recovery consultations ○ critical incident diffusing/stress debriefing/education ○ follow-up and subsequent recommendations, as needed ● EAP seminars and management trainings to complement wellness initiatives ● customized workshops ● online quarterly reporting that includes the following: <ul style="list-style-type: none"> ○ an overview of services provided and utilization results ○ the presenting problem and assessed problem profiles ○ the type of referral ○ the number of web presentations viewed ○ the disposition of closed cases ○ the distribution and frequency of sessions ○ the number of unique employees utilizing face-to-face EAP services ○ a comparison to book-of-business norms ● a communication program that includes the following: <ul style="list-style-type: none"> ○ a proposed visibility plan ○ an employee brochure with wallet cards ○ introductory and electronic posters ○ flyers and e-cards ○ monthly health and wellness topics ○ newsletter articles <p>Work/life services by phone include the following:</p>
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		<ul style="list-style-type: none"> • Adoption - national adoption organizations, state adoption specialists, adoption support groups, and private adoption • Prenatal Care - birthing methods; nutrition, exercise, and diet; child care preplanning; and breastfeeding and formula feeding • Child Care - child care centers; family child care homes; in-home care; babysitting, nanny, and au pair agencies and options; preschools/nursery schools; before- and after-school programs; and emergency backup care assistance • Senior Care/Caregiving - home health agencies, nursing homes, assisted living facilities, continuing care retirement communities, social and recreational programs, long-distance caregiving, and backup and respite care • Pet Care - veterinarians, pet insurance, pet sitting, obedience training, pet stores, and pet supply catalogs • Summer Care - day and residential camps and traditional and specialized camp programs • Education - kindergarten programs, before- and after-school programs, public schools, adult learning, scholarship and financial aid information, and undergraduate and graduate programs • Special Needs - children with disabilities, developmental delays, and children who are mentally challenged/ill • At-Risk/High-Risk Adolescents - transitional living programs, day and residential treatment facilities, positive after-
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		<p>school alternatives, and mentoring programs</p> <ul style="list-style-type: none"> • Parenting - child development, sibling rivalry, separation anxiety, sleep and bedtime routines, toilet training, child safety, discipline, and adolescence • Convenience Services - home maintenance and repairs, recreation and leisure, event planning, travel services, automotive/transportation, personal needs, and gifts and shopping • Care Coach - a telephonic geriatric case manager who works with caregivers to assess the needs of an older person or adult dependent with special needs to create a care plan and facilitate referrals and access to other applicable resources.
Number of Sessions per Employee	Up to 6 per year, per issue	Up to 6 per year, per issue
Number of Sessions per Dependent		Up to 6 per year, per issue
Unlimited Telephonic Consultation	Included (Unlimited, toll-free telephonic access 24/7)	Included (Unlimited, toll-free telephonic access 24/7)
Onsite/Virtual Training Hours	Included	Included
Wellness Seminars	Included	Included
Program Features Included in Pricing	Please do not provide information on this row	<p>Access to our EAP services is available online and via our toll-free number 24 hours a day, 7 days a week, 365 days a year. Individuals can receive an assessment and, if necessary, a referral to an EAP provider for up to six/seven/visits per issue per participant per year. Our EAP services fall into three categories:</p> <p>employee services management services organizational services</p>
Online Services	Included	Included
Management Referrals	Included (Combined Pool of 28 hrs/1,000 EEs)	Included 13 Employer Service Hours per contract year (Combined Pool of 28 hrs/1,000 EEs)
Employee Communication Materials	Included	Included
Utilization Reporting Frequency	Included	Included
Assessment, Consultation, and Referral Specialty - Included in Pricing	Included	Included
Emotional/Psychological Problems	Included	Included

Family/Relationship Problems	Included	Included
Alcohol/Drug Abuse Problems	Included	Included
Legal/Financial Problems	Included	Included

Underperforming Employee Problems	Included	Included
Services not Included in Pricing	Please do not provide information on this row	
Rate Guarantee	09/30/2024	2 Year Rate Guarantee from 10/1/2024 - 09/30/2026
Fitness for Duty Examination	Included	Included
Per Employee Per Month Rate	\$2.34	\$2.50

9. Response Form - Flexible Spending Account

A. Please fill out this table if you are providing a quote for a Flexible Spending Account

Cigna is not quoting FSA.

Plan Information	Current Plan Benefit	Proposed Plan Benefit
Per Employee per Month fee (Full Purpose FSA)	\$4.50	
Per Employee per Month fee (Limited Purpose FSA)		
Debit card fee	Included	
Setup fee(s)	Included	
Annual renewal fee	Waived	
Processing of reimbursements (weekly, daily)	Weekly	
Claims Submission Method	Mobile App/Web Portal/Fax/Mail	
Mobile App	Yes	
Adjustments and corrections		
Mailed account statements	N/A	
Enrollment meetings (In-Person)	Fees for services	
Enrollment kits (Paper, Electronic)	Included	
Web administration	Included	
Reporting Capabilities	Included	
Section 125 Document Fee	Included	
Non-Discrimination Testing	Included	
Rate Guarantee	09/30/2024	

10. Response Form - COBRA

A. Please fill this form out if you are providing a quote for COBRA coverage.

Cigna is not quoting COBRA.

COBRA Coverage	Current Plan Design	Proposal Plan Design
Dedicated Account Manager		
Electronic Eligibility File Feeds (Additional Fees)		
Web Administration		
Payment Options for COBRA Participants		
Initial Rights Notice to New Hire (Rate Per Notice)	Included	
Initial Notice to ALL Employees (Rate Per Notice)	\$2	
Qualifying Event Notices (Rate Per Notice)		

Cost per packet for printed Open Enrollment Kits	\$15	
Implementation Fee	Included	

Renewal Fee	Included	
Takeover Fee		
Rate (PEPM Fee or Monthly Fee)	\$0.60	
Monthly Premium Minimum (if applies)	\$173	
Rate Guarantee	09/30/2024	

11. Questionnaire – Health Savings Account

A. Please fill out this table if you are providing a quote for a Health Savings Account

General Information	Proposed Plan Design
Administration fee if paid by account holder	\$4.50
Administration fee if paid by employer	\$4.50
Account setup fee	N/A
Debit card daily spending limit	A daily limit of \$5,000 applies to debit card point-of-sale transactions, a daily limit of \$2,500 applies to EFTs, and a daily limit of \$300 applies to cash withdrawals. (There is no minimum.)
Debit card additional/replacement	\$0
Brokerage account fees	Fees may vary and are described in the investment prospectuses.
Excess contribution adjustments	\$0
Minimum balance	\$0
Interest rate (subject to change)	The current interest rate is 0.05%.
Account closure fee	\$0
Wire transfer	\$0
Investment fund options	Through Charles Schwab and Devenir, members have access to a wide variety of investment types, including equities, fixed-income securities, and mutual funds. Fees may apply depending on account holder actions.
Investment threshold	\$1,000
Customer Service	\$0
Web Address	Bank Custodian Website
Location	HSA Bank, a division of Webster Bank N.A. 605 N. 8th Street, Suite 320 Sheboygan, WI 53081-4525
HSA access at ATMs? (Y/N)	Y
HSA access at bank branches? (Y/N)	HSA Bank is a division of Webster Bank, N.A., Member FDIC. Webster Bank is an American commercial bank based in Waterbury, Connecticut. It has 177 branches and 316 ATMs located in Connecticut, Massachusetts, Rhode Island, and

	Westchester County, New York. However, for HSA banking, the member should call the number on the back of their ID card for service. HSA Bank customer service hours are available 24 hours a day, 7 days a week, 365 days a year.
HSA paper checks? (Y/N)	Y
HSA website for employers? (Y/N)	Y
Online employee enrollment (Y/N)	Y
HSA website for account holders? (Y/N)	Y
Rate Guarantee Period	12 months (10/1/2024-9/30/2025)

12. Response Form – Retiree Billing

A. Please fill this form out if you are providing a quote for Retiree Billing.

Cigna is not quoting retiree billing services.

Administrative Services	Proposal Plan Design
Dedicated Account Manager	
Web Administration	
Participant Payment Notification	
Participant Payment Options	
Implementation Timeline	

Electronic Eligibility file Fees (Standard Files)	
Cost per packet for printed Open Enrollment Kits	
Implementation Fee / Set Up Fee	
Renewal Fee	
Termination of Services After 1 st Year	
Retiree Billing – Per Participant Per Month	
Monthly Minimum (if applies)	
Rate Guarantee	

Documents on file with the City Clerk Department:

- GeoAccess Reports
- Disruption Reports
 - Medical
 - Pharmacy
 - DPPO Utilization Reports
 - DHMO Utilization Reports
 - Vision

An investment in your health.

Your Cigna Healthcare Health Improvement Fund.



There are many reasons to invest in an employee well-being program – healthier employees, improved productivity and lower medical costs.* Now, there's one more – a Health Improvement Fund. When using this fund, expenses should address your employees' whole health and meet your organization's health needs.

What is the intent of a Health Improvement Fund?

Eligible expenses must be offered and made generally available to all plan participants and be aligned with Cigna HealthcareSM designated health and wellness improvement programs. Some examples include (but are not limited to) activities and challenges to promote healthy living, incentives for wellness program participation, fees associated with 5K race participation, subscription fees for wellness-related apps, guest speakers to present on health-related topics, onsite group exercise classes, etc.



How does it work?

The fund allotted to you in your Health Improvement Fund will be available to your organization throughout your current plan year or contract term. Any funds not used by the end of your plan year will be forfeited. **Health Improvement Fund approvals are subject to defined guidelines and usage in alignment with your Cigna Healthcare medical contract.**

Strategy

The Cigna Healthcare Account Team meets with you to personalize a health engagement strategy and review eligible expenses along with reimbursement submission format requirements.

Request Review

Discuss your expense requests with the Cigna Healthcare Account Team to determine eligibility before spending funds. Please note, if ineligible expenses are purchased, they will not be reimbursed.

Submit

Once confirmed, you make the purchase and submit the supporting invoice(s) and receipt(s) to the Cigna Healthcare Account Team. The invoice(s) or receipt(s) must clearly indicate proof of order or expenditure from the vendor providing the goods or services rendered.

Reimbursement

Cigna Healthcare will process and reimburse accordingly. Please allow 45–60 days for reimbursements to process.

Category	Examples of Ineligible Expenses (including but not limited to the following):
Sponsorships	<ul style="list-style-type: none"> • Charity contributions • Sponsorships of golf tournaments, 5K races, county fairs, etc.
Capital Improvements** and Standard Operating Expenses***	<ul style="list-style-type: none"> • Office construction/redesign (e.g., renovations to a kitchen) • Safety ramps • HEPA filters • Furniture • Office real estate costs • Trainings required for day-to-day job responsibilities • Appliances (e.g., microwave, refrigerator, vending machine, beverage dispensers, etc.)
Gifts to individual employees or vendor staff	<ul style="list-style-type: none"> • Clothing/sporting equipment for subset of employees • Undocumented tips • Gifts for only certain employees (unrelated to incentive programs) • Gifts provided to all employees that are not tied to a wellness program
Medical claims and premium reductions	<ul style="list-style-type: none"> • Reimbursement for denied medical claims • Expenses for medical evaluations and immunizations not related to a specific wellness event • Premium reductions as incentive
Expenses for Cigna Healthcare employees	<ul style="list-style-type: none"> • Travel/airfare to Client Forum
Targeted events & related expenses	<ul style="list-style-type: none"> • Trainings only available to specific employees such as HR staff or leadership team members • Lunch provided during a targeted training session
Vendor/retail memberships	<ul style="list-style-type: none"> • Amazon Prime membership, Costco membership, shipping memberships, etc.
Prepayment requests	<ul style="list-style-type: none"> • Prepayment of fund expenses without receipts for charges
Social gatherings	<ul style="list-style-type: none"> • Picnics, team building, and/or employee appreciation events • Team-bonding events like sporting events, lunches, etc.
Open Enrollment incentives	<ul style="list-style-type: none"> • Open Enrollment giveaways
Communication unrelated to Wellness	<ul style="list-style-type: none"> • Payroll, open enrollment or benefits communication
COVID-19 expenses	<ul style="list-style-type: none"> • Cleaning supplies • Personal protective equipment • COVID-19 testing and/or vaccine clinic costs

For more information, contact your Cigna Healthcare Account Team.



*The Employer Imperative, <https://impact.economist.com/projects/healthy-workforce/report/>, 2021

**Capital Improvements are defined as costs to buy, maintain, or improve an organization's fixed assets.

***Standard Operating Expenses are defined as costs to run a business that benefit an employer more than plan participants directly.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT), Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., and Express Scripts, Inc. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.



A Renewal Proposal for:

City of Coconut Creek

3336278

10/1/2024

Last Modified: 5/30/2024

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**Turn your
dental plan into
a growth plan.**

Financial Proposal

for

CITY OF COCONUT CREEK

Effective Date: October 01, 2024

Date: March 27, 2024



Cigna Vision serviced by EyeMed
 City of Coconut Creek
 C1 PPO Comprehensive Plan (Buy-up Option)

Welcome to Cigna Vision Schedule of Vision Coverage Effective Date: October 1, 2024			
Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency* : once per 12 month <p style="text-align: right;">Eye Exam Retinal Screening</p>	100% after \$0 Copay \$0	\$0 Copay Up to \$39	Up to \$45 Allowance Not Covered
Standard Eyeglass Lenses Allowances: Frequency* : one pair per 12 month <p style="text-align: right;">Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular</p>	Copay: \$10 100% 100% 100% 100%	\$10 Copay \$10 Copay \$10 Copay \$10 Copay	Up to \$32 Allowance Up to \$55 Allowance Up to \$65 Allowance Up to \$80 Allowance
Lens Enhancements / Options: <p style="text-align: right;">Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Standard Polycarbonate Lenses Standard Progressives Plastic Dye Tints Photochromic – Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Standard Anti-Reflective (AR) Coating Hi-Index Lenses All other lens options, including Premium Tiers</p>	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$40 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses Retail Allowance: Frequency* : one pair or single purchase per 12 month <p style="text-align: right;">Elective Therapeutic</p>	100% up to \$130 Retail Allowance 100%	Balance over \$130 Allowance \$0	Up to \$105 Allowance Up to \$210 Allowance
Frame Retail Allowance Frequency* : one per 24 month	100% up to \$130 Retail Allowance	20% off balance over \$130 Allowance	Up to \$71 Allowance
* Your Frequency Period begins on January 1 (Calendar year basis)			
Definitions: Copay: the amount you pay towards your exam and/or materials, lenses and/or frames Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance. Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			

In-Network Coverage Includes:**

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
 - 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of eyeglass lenses and frame benefit, (may not receive contact lenses and eyeglasses (lenses and frames) in same benefit year). Contact lens retail allowance can be applied towards contact lens materials as well as the cost of supplemental contact lens professional services including fitting and evaluation, up to the stated allowance.
- Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage.
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

In-Network Value Added Savings

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

Interested in Laser Vision Correction service such as LASIK? Visit your MyCigna.com and search for Healthy Rewards® for details.

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by EyeMed Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision serviced by EyeMed Directory, from the Additional Directories drop down listing.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed information at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA
PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.

Discrimination is against the law

Vision coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna Healthcare

Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (بنبغي لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apres a konpoze 1-844-230-6498).

French – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください (TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید).

824734a 6/23





Cigna Vision Solution for City of Coconut Creek

Plan Code: C1

Effective Date : 10/01/2024

Renewal quote completed by Cigna Dental & Vision Underwriting on May 30, 2024

Voluntary FI Quote (Per Employee Per Month)

15% Minimum Participation Required

	Enrolled EE's	Renewal
Employee Only	216	\$4.67
Employee + Spouse	25	\$9.27
Employee + Child(ren)	35	\$9.39
Employee + Family	78	\$14.78
Total EE's	354	

*Broker commissions of 0.00% are included in this quote.

*Voluntary: Medical and/or dental subscribers can elect to not enroll in vision. Does not refer to contribution levels.

*Quote is valid for 90 days and includes claim processing, network access, customer service, policy and certificate, and standard vision reporting.

*The fee does not include vision specific ID cards.

*Our Cigna Vision proposal is contingent upon selecting Cigna for your dental and/or medical coverage.

*This quote assumes the Cigna Vision will be administered on Cigna East platforms

*Rates are guaranteed for one year.

*Cigna Healthcare's vision products are "excepted benefits" and not subject to Essential Health Benefit requirements.

*The above quoted rates include Health Insurance Assessment fees (PHACA) for 2020 months, but not for 2021 and beyond. Cigna reserves the right to modify quoted rates, as necessary, should there be any changes in future regulation or costs.

Cigna Vision Network serviced by EyeMed offers one of the largest national routine vision networks, with optometrists and ophthalmologists at full service locations nationwide, including private practice and national and regional retail locations. Please be aware that the Cigna Vision Network serviced by EyeMed is different from the Cigna medical networks.

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency*: once per 12 month			
Eye Exam	100% after \$0 Copay	\$0 Copay	Up to \$45 Allowance
Retinal Screening	\$0	Up to \$39	Not Covered
Standard Eyeglass Lenses Allowances: Frequency*: once per 12 month			
Lenses:	Copay: \$10		
Single Vision	100%	\$10 Copay	Up to \$32 Allowance
Lined Bifocal	100%	\$10 Copay	Up to \$55 Allowance
Lined Trifocal	100%	\$10 Copay	Up to \$65 Allowance
Lenticular	100%	\$10 Copay	Up to \$80 Allowance
Lens Enhancements / Options			
Oversize lenses	100%	\$0	Not Covered
Rose #1 and #2 Solid Tints	100%	\$0	Not Covered
Polycarbonate Lenses <19 years of age	100%	\$0	Not Covered
Standard Progressives	\$0	\$65	Not Covered
Plastic Dye Tints	\$0	\$15	Not Covered
Photochromic - Glass or Plastic	\$0	\$75	Not Covered
Standard Scratch Coating	\$0	\$15	Not Covered
Standard Ultraviolet (UV) Coating	\$0	\$15	Not Covered
Anti-Reflective (AR) Coating	\$0	\$45	Not Covered
Hi-Index Lenses	\$0	20% off retail	Not Covered
All other lens options, including Premium Tiers	\$0	20% off retail	Not Covered
Contact Lenses Retail Allowance: Frequency*: one pair or single purchase per 12 month			
Elective	100% up to \$130 Retail Allowance	Balance over \$130 Allowance	Up to \$105 Allowance
Therapeutic	100%	\$0	Up to \$210 Allowance
Frame Retail Allowance Frequency*: one per 24 month	100% up to \$130 Retail Allowance	20% off balance over \$130 Allowance	Up to \$71 Allowance

* Your Frequency Period begins on January 1 (Calendar year basis)

**coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

***Provider participation is 100% voluntary, please check with your Eye Care Professional for any offered discounts; stated Customer Cost, up to maximums, are subject to change without notice.

Benefits are underwritten or administered by Cigna. Read your plan carefully - this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. Network providers are independent contractors solely responsible for your routine vision examination and products.

05/30/2024 10:13
Opportunity Number: OP-5442436

18
Dina D'Angelo (South Florida - 302)

Account Number: 3336278

Vision Underwriter: KIMBERLY MULLINS

Summary of Benefits Cigna Health and Life Insurance Company



Cigna Vision serviced by EyeMed CITY OF COCONUT CREEK E1 - Standard PPO Exam Only Plan

Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$0	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
** Your Frequency Period begins on January 1 (Calendar year basis)			
Definitions: Copay: the amount you pay towards your exam. Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance. Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			
<ul style="list-style-type: none"> To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses. 			
In-Network Coverage Includes***: <ul style="list-style-type: none"> One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses. <p>*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.</p>			
What's Not Covered: <ul style="list-style-type: none"> Orthoptic or vision training and any associated supplemental testing Medical or surgical treatment of the eyes Any eye examination, or any corrective eyewear, required by an employer as a condition of employment Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related Charges in excess of the usual and customary charge for covered Services Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy Experimental or non-conventional treatment or device Claims submitted and received in-excess of twelve (12) months from the original Date of Service 			

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).



1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision serviced by Eye Med Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision serviced by EyeMed Directory, under Additional Resources.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA PO Box 8504, Mason, OH. 45040 -7111

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.

DISCRIMINATION IS AGAINST THE LAW

Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (يُنغني لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apres a konpoze 1-844-230-6498).

French – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください (TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید)。





Performance Guarantees – DHMO
City of Coconut Creek
Effective Start Date: October 1, 2024

CIGNA DENTAL CARE

<u>Average Speed of Answer</u>	<u>At Risk \$</u>
Cigna Dental Care ASA. Measured for the Term of the Agreement, results will not exceed: 45 seconds to answer a Call. Results measured at Special Account Queue Level.	\$164.76
<u>Call Abandonment Rate</u>	<u>At Risk \$</u>
Cigna Dental Care Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of Calls received terminated. Results measured at Special Account Queue Level.	\$164.76
<u>Member Satisfaction</u>	<u>At Risk \$</u>
Cigna Dental Care Member Satisfaction. Measured for the Term of the Agreement, results will meet or exceed: A member satisfaction level of 75% or greater with Cigna Dental overall. Results measured at Book of Business Level.	\$164.76
<u>Post Enrollment Measurement</u>	<u>At Risk \$</u>
Cigna Dental Care - Auto Eligibility 100% within 5 Days - AL	\$164.76
<u>Implementation Service Readiness</u>	<u>At Risk \$</u>
Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	\$164.76
<u>Implementation Service Readiness</u>	<u>At Risk \$</u>
Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	\$164.76
<u>Implementation Service Readiness</u>	<u>At Risk \$</u>
Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.	\$164.76
<u>Provider</u>	<u>At Risk \$</u>
Cigna Dental Care Network Access. Measured for the Term of the Agreement, access standard will meet or exceed: 80% of dental offices accepting new patients. Results measured at Book of Business Level.	\$164.76



IMPLEMENTATION

<p><u>Claim Readiness</u> Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Call Readiness</u> Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Implementation Satisfaction</u> Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>

SERVICE

<p><u>Claim Time-to-Process</u> Dental Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 98% of Claims Processed within 20 Business Days. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Financial Accuracy</u> Dental Financial Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 99% of total audited claim dollars are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Processing Accuracy</u> Dental Processing Accuracy (Overall Accuracy). Measured for the Term of the Agreement, results will meet or exceed: 95% of total audited claims are correctly Processed. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Processing Accuracy</u> Dental Procedural Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims without a coding error excluding any claim with a payment error. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Payment Accuracy</u> Dental Payment Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Average Speed of Answer</u> Dental ASA. Measured for the Term of the Agreement, results will not exceed: 30 seconds to answer a Call. Results measured at Special Account Queue Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>
<p><u>Call Abandonment Rate</u> Dental Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of Calls received terminated. Results measured at Special Account Queue Level.</p>	<p><u>Amount At Risk</u> \$317.13</p>



SERVICE

CSA Quality

Dental CSA Quality. Measured for the Term of the Agreement, results will meet or exceed: 95% quality standard. Results measured at Book of Business Level.

Amount At Risk

\$317.13

Account Management

Account Management. Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly scorecards. Results measured at Account Level.

Amount At Risk

\$317.13



IMPLEMENTATION

<p><u>Claim Readiness</u> Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Call Readiness</u> Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Implementation Satisfaction</u> Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>

SERVICE

<p><u>Claim Time-to-Process</u> Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 90% of Claims Processed within 14 calendar days. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Claim Time-to-Process</u> Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 98% of Claims Processed within 30 calendar days. Results measured at Account Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Financial Accuracy</u> Medical Financial Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 99% of total audited claim dollars are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Processing Accuracy</u> Medical Processing (Overall) Accuracy. Measured for the term of the Agreement, results will meet or exceed: 95% of total audited claims correctly Processed. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Payment Accuracy</u> Medical Payment Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims are correctly paid. Results measured at Claim Platform Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Average Speed of Answer</u> Medical ASA. Measured for the Term of the Agreement, results will not exceed: 45 seconds to answer a Call. Results measured at Special Account Queue Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>
<p><u>Call Abandonment Rate</u> Medical Call Abandonment Rate. Measured for the Term of the Agreement, results will not exceed: 3% of Calls received terminated. Results measured at Special Account Queue Level.</p>	<p><u>Amount At Risk</u> \$1,000.00</p>



SERVICE

Automated Maintenance Eligibility Processing

Medical Auto Eligibility Processing. Measured for the Term of the Agreement, results will meet or exceed: 99% files processed in 2 Business Days after the receipt of clean eligibility. Results measured at Account Level.

Amount At Risk

\$1,000.00

Account Management

Medical Account Management. Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly scorecards. Results measured at Account Level.

Amount At Risk

\$1,000.00



May 15, 2024

RE: City of Coconut Creek EAP Renewal

Evernorth Behavioral Health, Inc. (“Evernorth Behavioral”), formerly known as Cigna Behavioral Health, Inc. and City of Coconut Creek have partnered together for a successful Employee Assistance Program (“EAP”). We are pleased to continue providing this program to City of Coconut Creek and we appreciate this opportunity to continue working with you.

Employee Assistance Program

The below EAP renewal information is for the 24-month period beginning 10/1/2024 through 9/30/2026.

Rates/Fees

Product	*Current Fee	*Renewal Fee	Rate Change	Employer Service Hours
Emp. Asst. & LE STC 6 DOT/SAP Network	\$2.34 PEPM*	\$2.50 PEPM*	6.61%	28 hours per 1,000 employees or 13 actual hours per contract year

**per employee per month*

Evernorth Behavioral will not revise the EAP rate during the 24-month period from the renewal date, assuming all other financial assumptions remain constant. It assumes an employee count of 949 and includes 13 employer service hours per contract year to be used for critical incident responses, manager training, and on-site wellness seminars. Should you exceed 13 employer service hours per 12-month period, you may purchase additional hours on a fee-for-service basis.

This renewal for your EAP continues to provide Six (6) face-to-face visits per presenting issue at no charge to all employees and their household members, management consultation and referral services. Evernorth Behavioral will continue to provide EAP services for City of Coconut Creek pursuant to the terms of your EAP agreement (“Agreement”). This signed renewal letter will serve to amend the Agreement. Please have a duly authorized individual of City of Coconut Creek sign to indicate acceptance of the above rate.



Retain a copy of the renewal letter for your files and return the signed original to me at the following address:

Cigna

Attn: Dina D'Angelo

by email: dina.d'angelo@cignahealthcare.com

If a signature is not obtained within thirty (30) days prior to the effective date of this renewal notice, the renewal terms will be deemed accepted as presented. The renewal letter and receipt confirmation will serve as the contract amendment. Evernorth Behavioral will continue to provide services for participants pursuant to the terms of the Agreement, as amended.

If you have any questions about the information in this letter, please contact me at 954.790.8152 as soon as possible.

Thank you for the opportunity to continue to serve you and your employees.

Best regards,

Dina D'Angelo, Senior Client Manager

Accepted by: _____ Title: _____

Date: _____