Cigna Benefit Solutions for:

City of Clearwater

RFP 26-22

Electronic Submission

May 2022

A Proposal for:

Medical, Pharmacy, Behavioral Health, EAP, and Stop Loss

Provided by:

Listed below are the legal names of the companies submitting this response to the City of Clearwater 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 Cigna Corporation, a publicly traded corporation.

Cigna Health and Life Insurance Company (CHLIC)
Evernorth Care Solutions, Inc.

Together, all the way.®

	Current		Proposed – Please Match as Closely as Possible	
Schedule of Benefits	**Cigna OAP Plan**			
Network Utilized:	**Open Access Plus**			
Calendar Year Deductible (CYD)	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Single	$2,000	$2,000	$2,000	$2,000
Family	$4,000	$4,000	$4,000	$4,000
Coinsurance	10%	30%	10%	30%
Calendar Year Out of Pocket				
Single	$3,500	$3,500	$3,500	$3,500
Family	$7,000	$7,000	$7,000	$7,000
Physician Services				
Primary Care Physician (PCP) Visit	$20 Copay	30% after CYD	$20 Copay	30% after CYD
Specialist Office Visit	$40 Copay	30% after CYD	$40 Copay	30% after CYD
Telehealth Services	No Charge	Not Covered	No Charge	Not Covered
Non-Hospital Services				
Clinical Lab (Bloodwork)	No Charge	30% after CYD	No Charge	30% after CYD
X-Rays/Advanced Imaging	No Charge	30% after CYD	No Charge	30% after CYD
Outpatient Surgery in Surgical Center	10% after CYD	$300 + 30% after CYD	10% after CYD	$300 + 30% after CYD
Outpatient Physician Services	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Urgent Care Center	$75 Copay	$75 Copay	$75 Copay	$75 Copay
Hospital Services				
Inpatient	10% after CYD	$500 + 30% after CYD	10% after CYD	$500 + 30% after CYD

Physician Services at Hospital	10% after CYD	30% after CYD	10% after CYD	30% after CYD
Emergency Room	$150	$150	$150	$150 Copay
Ambulance	10% after CYD	10% after CYD	10% after CYD	30% after CYD
Outpatient Rehabilitation				
Facility Charge	$40 Copay	30% after CYD	$40 Copay	30% after CYD
Mental Health/Substance Abuse				
Inpatient	No Charge	30%	No Charge	30%
Outpatient Facility	$10 Copay	30%	$10 Copay	30%
Prescription Drugs				
Generic	$10 Copay	30%	$10 Copay	30%
Preferred Brand Name	$30 Copay	30%	$30 Copay	30%
Non-Preferred Brand Name	$50 Copay	30%	$50 Copay	30%
Mail-Order Drug (90 Day Supply)	2x Retail	Not Covered	2x Retail	Not Covered
Monthly Premium Equivalents	**Current**		**Provide Recommended Premium Equivalents Below**	
Employee Only	$774.45		$921.48	
Employee + One	$1,326.99		$1575.74	
Employee + Family	$2,177.41		$2,589.37	

Administrative Services Only	Proposed
ASO Fee Components	
Name of Proposer	Cigna
Name of Network(s) Utilized	Open Access Plus (OAP)
Administration Fee (PEPM)	$12.32
Utilization Review (PEPM)	Included
Network Access Fee (PEPM)	$28.58
Disease Management (PEPM)	Included
Pharmacy Management Fee (PEPM)	Included
Wellness Program Fee (PEPM)	Included
HIPAA Certification	Included
COBRA Administration (PEPM)	Included
Other Fees (PEPM)	Included - Motivate*Me* Program at $1.45 PEPM
Termination Fees (PEPM)	Included
Rate Guarantee	5 Years Flat Fees from 1/1/2023-12/31/2027
TOTAL ADMIN FEE (PEPM) Year 1	$42.35
TOTAL ADMIN FEE (PEPM) Year 2, if applicable	$42.35
TOTAL ADMIN FEE (PEPM) Year 3, if applicable	$42.35
TOTAL ADMIN FEE (PEPM) Year 4, if applicable	$42.35
TOTAL ADMIN FEE (PEPM) Year 5, if applicable	$42.35

Pharmacy - Discounts, Fees, and Rebate Sharing	Description	Proposed
Pharmacy Network Information	Cigna 90 Now	Cigna 90 Now
Network Size (Number of Network Pharmacies)	66,000	66,000
Major Retail Pharmacies Excluded from Network	None	None
Admin Fees		
Per Script Administrative Fee (Retail and HD)	Per paid script	N/A
PEPM Administrative Fee	PEPM	N/A
Retail Discounts and Fees (30 day)		
Retail Brand Discount	AWP	17.50%
Retail Generic Discount	AWP	78.75%
Retail Dispensing Fee Brand	Per script	$0.75
Retail Dispensing Fee Generic	Per script	$0.75
Retail Discounts and Fees (90 day)		
Retail Brand Discount	AWP	24.50%
Retail Generic Discount	AWP	82.25%
Retail Dispensing Fee Brand	Per script	N/A
Retail Dispensing Fee Generic	Per script	N/A
Mail Order Discounts and Fees		
Cigna Home Delivery Brand Discount	AWP	24.50%
Cigna Home Delivery Generic Discount	AWP	82.25%
Cigna Home Delivery Dispensing Fee (including specialty)	Per script	N/A

Specialty Discounts and Fees		
Specialty Retail Brand Discount	AWP	18.70% - Note Specialty discounts on a combined basis (retail, home delivery, brand, and generic)
Specialty Retail Brand Dispensing fee	Per script	$0.75
Rebate Sharing		
Retail 30	Per Brand	$321.83
Retail 90	Per Brand	$871.00
Mail Order	Per Brand	$2,235.01
Estimated Rebates*		
Total Estimated Annual Rebates	**Please Include Projected Rebates:**	$1,546,044.04

Stop Loss Insurance	Current	Proposed
Specific Stop Loss		
Individual Pooling Point	$250,000	$250,000
Tiered Pooling Point	$350,000	$350,000
Tiered Pooling Cost Share	50%	50%
Run In Cap (Per Participant)	N/A	N/A
Laser(s)	None	None
Benefits Covered	Medical/MHBH/Rx	Medical/MHBH/Rx
Contract Basis	12/36	12/36
Annual Maximum Reimbursement	Unlimited	Unlimited
Composite Specific Stop Loss PEPM	$72.65	$72.65
Other Terms		
Please Confirm your quote does Not include Aggregate Stop Loss Coverage	Does Not Include	Does Not Include
Are Retirees Covered?	Yes	Yes
Are Proposed Stop Loss Fees Firm?	N/A	Yes
If you are unable to quote the same tiered stop loss, please quote a $300k ISL		

EAP VENDOR NAME:	Evernorth Care Solutions, Inc.
Eligibility	
Please define Eligibility: (EE, Retiree, Dep, Household Members)	Employees, dependents, and household members are eligible for EAP services. A household member and dependent are defined as any member of the employee's household who meets the legal definition of dependent or who resides in the household. Parents of employees are also eligible for legal referral services for estate planning, power of attorney, living wills, and other legal issues.
Core Benefits	
Number of Face-to-Face Visits Included:	1-5
Number of Telephonic Visits Included:	Unlimited
24/7 Counseling Available Telephonically?	Yes
Onsite Hours	**Please specify if different buckets**
Onsite Hours Included in Proposal:	A total bank of nine onsite hours is being proposed. This covers onsite services such as: • Employee and Manager Orientations • Management Trainings • Wellness Seminars Presentations • CISD • Health Fairs
Onsite Hours Hourly Rate:	We are pleased to offer a discounted pre-purchase rate of $250 per employer service hour before the City exceeds its bank of employer service hours. If/when the City exceeds its bank of employer service hours, the following purchase rates apply:

	• **CISD** - $285 per hour • **Wellness Seminars or Management Trainings** - $255 per hour
First Responder/CISD Assistance	
Will First Responders be identified upon calling?	Yes. To support the City's first responders, we are offering the EAP Emergency Responders Support Line. This offers: • Available to EAP clients with emergency/first responder populations with support through a Nationwide Emergency Responders Support Line. We are adding this enhancement to the City's EAP plan to enable access to a toll-free support line dedicated to the needs of emergency responders • Provides fully dedicated, in-the-moment assistance and crisis triage plus referrals to local resources and experts. • The City will receive the Emergency Responders Support Line at no additional cost. This is not available to non-EAP client; it is specifically designed as an EAP buy up enhancement.
Critical Incident Stress Debriefing (CISD) Pricing	A total bank of nine onsite hours is being proposed. This covers onsite services such as CISD. Our CISD services can be customized to specifically address unique first-responder concerns. We are pleased to offer a discounted pre-purchase rate of $250 per employer service hour before the City exceeds its bank of employer service hours. If/when the City exceeds its bank of employer service hours, a purchase rate of $285 per hour applies for CISD services.

Fitness for Duty Evaluation/Referrals	Included for an additional fee. Case rate depends on scope of services and geographic location, however, average cost is $3,300-$4,600 per case.
Services/Materials included in Pricing	
Online Resources	Our online tools make it easy for members who want to help themselves by providing convenient, confidential access to the information they need when they need it. Members can look up coverage, get self-help information, browse the article library, visit the education and resource center, and review the work/life balance forum.
Mobile App Included?	Yes
Webinars Included?	Yes. EAP wellness seminars at the client's site or via webinar (using the client's technology/platform). EAP wellness seminars (onsite or via a client-hosted webinar) use employer service hours purchased by the City. EAP national wellness webcasts are also available and are presented live on the EAP webcast platform approximately two times per month. Hours are not deducted from your bank of employer service hours for national webcasts.
Management Referrals & Training	Unlimited management referrals and consultations are included. Trainings are available via the proposed bank of onsite employer service hours.
Brochures & Workplace Posters	Standard trifold brochures and site posters are included.
Referrals to Community Service	Referrals to various community resources are included, as applicable.
Substance Abuse Assistance & Referrals	DOT/SAP referral services are available as an optional by-up at $950 per case.

Legal Assistance & Referrals	Yes. Participants can speak with a qualified financial consultant for a no-cost, 30-minute telephonic consultation per issue, per year.
Financial Assistance & Referrals	Yes. Participants can speak with a qualified attorney for a no-cost, 30-minute telephonic or live consultation per issue, per year. Employment-related legal matters are not covered.
Child Care/Elder Care Assistance & Referrals	Participants can be provided with up to three referrals for services related to child care, elder care, and more.
Network Details	**# Providers in your Network/ County**
Pinellas County	11,342
Pasco County	5,716
Hillsborough County	18,696
Manatee County	3,544
Willing to Network outreach to non-contracted providers?	N/A
Other	
Utilization Reporting Frequency	Quarterly
Designated Account Manager Included in Proposal?	The City's account will have a designated behavioral account manager assigned as part of a larger book of business.
Levels of Education of Telephonic Consultants?	Telephonic EAP consultants are master's- and PhD-level licensed clinicians with a minimum of five years' clinical experience. Of these consultants, 100% hold (or must be actively pursuing) the certified employee assistance professional credential, indicative of specialized EAP training and experience. They are also licensed for autonomous practice.

Licenses, Degrees, and Certifications of Local Panel Providers?	The qualifications and clinical experience required of our in-network EAP providers includes the following:
	• clinical social workers/professional counselors
	  ○ a master's degree
	• psychologists
	  ○ a doctorate degree (PhD/EdD/PsyD)
	• substance use/certified addiction counselors
	  ○ a master's degree
	  ○ Some states recognize addiction counselors as an independent license without a master's-level degree.
	  ○ Many substance use counselors are also licensed at the behavioral health level (e.g., social workers).
	Additionally, all providers must be licensed for independent practice by the state in which they practice.

Rate Guarantee?	Yes. A 24 month fee guarantee is included.
Rate (PEPM)	$1.74

Questionnaire – 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 performance guarantees in the areas of service, implementation and network discount. Please refer to the Attachments section for the performance guarantee documents with additional details.

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?**

   Agreed.

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

   Dina D'Angelo is the City's assigned Senior Client Manager. Dina collaborates with the City to execute the overall benefits strategy, implementation, and account management and is responsible for medical, pharmacy, renewal, and reporting functions. Dina can be reached at 954-790-8152 or Dina.D'Angelo@cigna.com.

   Joyce Lau is the City's assigned Client Account Manager. Joyce 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. Joyce can be reached at 954-514-6767 or at Joyce.Lau@cigna.com.

   Janice Seward, the assigned Client Service Executive, is the direct point of contact for escalated call, claim, billing, and eligibility questions. She will work closely with internal partners, including client management, sales, senior operational management, implementation, and others, to provide ongoing, efficient, and effective service. Janice can be reached at 860.902.5606 or at Janice.Seward@cigna.com.

5. Provide the name, title, and contact information for three (3) references from public entity clients with a minimum of 2000 employees for at least three (3) years immediately preceding the response due date.

References	Reference 1	Reference 2	Reference 3
Group Name	City of West Palm Beach	Lee County Sheriff's Office	Hillsborough County Board of County Commissioners
Contact Name	Jennifer Chripczuk	Dawn Heikkila	Rebecca Buehrle
Contact Title	Benefits Officer	Director of Human Resources	Benefits Support Services Manager
Contact Phone	561.494.1013	239.477.1331	813.272.5750
Contact Email	jchripczuk@wpb.org	DHeikkila@sheriffleefl.org	Buehrler@hillsboroughcounty.org
Coverage/Services Provided	Medical, Rx, Stop Loss, Dental PPO, Dental HMO, EAP	Medical, Rx, Stop Loss, Dental PPO, Vision	Medical, Rx, Stop Loss, Dental DPPO, Dental DHMO, EAP
Length of Time	12 years	11 years	8 years

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

Your account management team will continue to act as an extension as your office team, with most inquiries being completed or resolved at the time of inquiry, or 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.

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

The City's core account management team will continue to include a senior client manager, client account manager, implementation manager, client service executive, onsite well-being coordinator and engagement consultant. The account management team skillfully coordinates resources to effectively manage the City'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, your Cigna Senior Client Manager leads this team and is the overall manager of your account. Dina collaborates with the City to execute the overall benefits strategy, implementation, and account management and is responsible for medical, dental, pharmacy, renewal, and reporting functions.

Joyce Lau, Client Account Manager

Joyce Lau, your Cigna 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.

Tasha Stephen, Implementation Manager

Tasha is 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.

Janice Seward, Client Service Executive

Janice is your direct point of contact for escalated call, claim, billing, and eligibility questions. She 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, Janice 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.

Leo Garrison, Onsite Well-Being Coordinator

Leo will continue to work closely with the Cigna team alongside the City in executing the City's health management goals. His primary focus is health promotion and he will continue to execute the appropriate delivery and coordination of wellness programs including event scheduling and community and vendor programs. The core objective of this position is to facilitate these wellness programs that educate and influence employees at the worksite to lead healthy lifestyles.

Maria Ardolino, Engagement Consultant

Maria supports your team with technical expertise in plan coverage, processes, and health and wellness strategy. Maria 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.

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

Maria Ardolino, your Cigna engagement consultant 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.

9. Does your company help facilitate annual open enrollments? a. Onsite meetings? b. Educational materials? c. Printed materials at no cost?

a. Yes. Cigna's experienced and knowledgeable 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. Yes. Communication materials, based on the City's plan offerings and needs, are a standard part of our account implementation process. Preenrollment materials may include the following:

- enrollment application
- SPD
- HIPAA special enrollment rules (including the premium disclosure notice and the Women's Health and Cancer Rights Act and the Newborns' and Mothers' Health Protection Act notices)
- medical, pharmacy, dental, and vision brochures
- information on additional resources and services (e.g., health information line, health assessments, cost and quality tools)
- our document on nondiscriminatory language

Postenrollment materials may include the following:

- myCigna flyer
- Cigna Pharmacy brochure and order forms

- other consumer health engagement brochures and materials (depending on coverage)
- ID cards (mailed separately)

Cigna delivers standard printed materials to the client approximately 10-15 business days after placing the order.

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

10. **What is your company's current A.M. Best, Moody's and/or Standard and Poor's ratings?**

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

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.

11. **Do you utilize any "wrap" or leased networks not negotiated or owned by your company? If yes, what is the name of the network?**

Medical

Our goal is to have an entire complement of providers to meet the health and medical needs of our members. We do this by directly contracting with facilities and health care providers or by contracting with third-party vendors (TPVs).

The proposed medical network for the City, our Open Access Plus (OAP) network is owned and operated by Cigna.

We use TPVs in various areas across the country in the following markets:

- Kentucky (Western) – Center Care
- Kentucky (Eastern) – Private Health Care Systems (PHCS)/Multiplan

Pharmacy

No. Cigna owns and operates our network, the Cigna National Pharmacy Network.

EAP

Our EAP network is a specialty subset of our behavioral health care provider networks.

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

Member Website/App

At Cigna, we understand our members are individuals with personal goals for health, well-being, and security. We have designed our member website, myCigna, so members can connect with the people, programs, and services that will help them achieve their goals and manage their health and health-related finances.

The City's employees and dependents will continue to have access to 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 more than 600 common medical procedures
- locate dentists and find out-of-pocket cost estimates for more than 400 dental 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, Express Scripts Pharmacy, a Cigna company (if Cigna provides the prescription drug coverage)
- compare drug price quotes, based on coverage, for specific pharmacies
- get information on numerous medical and surgical procedures through a personalized report
- 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

Whether they use the myCigna website or app, members enjoy a personalized experience featuring up-to-date information about coverage, claims, account balances, interactive tools, and more, all of which is supported by multiple 24-hour-a-day, 7-day-a-week, 365-day-a year customer service options.

Employer Website

The City will continue to have access to our employer website for information critical to day-to-day administration in four key areas:

- **Member Support** – The City can continue to access member-level plan information that complements the data members see on myCigna. The City can also visit our client website to do the following.
  - enroll and maintain coverage elections and demographics for the City's 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 print Cigna-produced member health plan booklets
- **Reports and Statistics** - To make plan administration easier than ever, the City can continue to access a variety of reports and data whenever they are needed. These include the following.
  - standard financial reports, including monthly experience, large claimants, and lag reports
  - up-to-date banking reports based on a preselected request (daily, weekly, or monthly, depending on report type)
  - eligibility reports (e.g., member listings, census reports)
- **Online Invoices** – The City can view and pay accounts receivable billing invoices.
- **Security Administration** - Security administration features enable the City to control access to sensitive plan data by varying access based on user role (designate to internal and external resources).

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

Although using the term "certified" was a common phrase during SAS 70 auditing, there is no certification awarded or granted upon completing a Statement on Standards for Attestation Engagements 18 (SSAE 18).

An external auditing firm conducts an annual independent examination of our claims processes, procedures, and systems according to the Statement on Standards for Attestation Engagements 18 (SSAE 18), "Reporting on Controls at a Service Organization." The report provides information about the control environment, computer information systems, claim processing, and banking functions we perform on behalf of our clients. We have engaged an independent external accounting firm to conduct the most recent audit of our claims processing system.

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/Pharmacy

   The City will continue to receive our standard reporting package, delivered consultatively, at no additional cost.

   Our industry-leading analytics tools provide a personalized reporting package based on a data model that accumulates information at a member level across eligibility, claims, clinical outcomes, and individual interactions. The City's annual consultative report delivers value by assessing performance across three critical measures:

   - operational effectiveness
   - strategic opportunities
   - outcomes evaluation

   The City will also have continued access to the following online reports via the employer website:

   - **Quarterly Utilization Reports** - Utilization reports provide actionable information that demonstrates the value of our plans and services and helps clients control medical cost trends.
   - **Monthly Financial Reports** - We update our web-based financial experience reports monthly and design them to help clients monitor plan performance.
   - **Monthly Banking Reports** - Our banking reports include daily, weekly, and monthly registers of checks issued or cleared, a monthly summary of claim activity, and a detailed monthly statement and reconcilement.
   - **Eligibility Reports** - Eligibility reports provide access to more than 20 different kinds of reports; eligibility data is updated in real time.

   Our consultative package also offers the following standard reports for pharmacy:

   - **Financial Summary** - an analysis of cost, trends, and key trend drivers

- **Assessment of Outliers** - an assessment of trends driven by high-cost claimants or population changes
- **Population Profile** - an assessment of risk based on claim, lab, and health assessment data
- **Service Category Analysis** - a detailed analysis of inpatient, outpatient, and professional categories
- **Cost Quality Results** - an assessment of the use of services with a high variability of cost and/or quality
- **Clinical Summary** - a display of activities and savings associated with Cigna's clinical management programs

In addition, we provide reports on medication adherence (retail versus our home delivery) and generic versus brand-name medication utilization.

Because we built the reporting capability on a member-level framework, we can use numerous methods to perform root cause analysis. Examples include the following:

- **Health Status** - chronic and episodic
- **Health Condition** - cancer, diabetes, and heart disease
- **Type of Service** - preventive, acute, and maintenance
- **Population Type** - existing, new, and termed members
- **Organizational Division** - salary, hourly, and union

In addition to a summary and recommendations, specific pharmacy highlights of the Consultative Analytics report include the following:

- **Summary Plan Statistics** - overall savings summary; plan design, coverage access, and utilization; and therapeutic summary
- **Analysis of Performance** - unit cost efficiency, therapeutic and cost efficiency, and clinical outcomes
- **Specialty Pharmacy** - overview, costs and utilization, and management strategies

EAP

The City will continue to benefit from unique management and data reporting advantages online provided at no additional cost. The City's primary administrator can add users and/or delegate administrative privileges.

Our quarterly EAP reporting package includes the following:

- quarter-by-quarter utilization results and service details
- month-by-month utilization graphs
- book-of-business norms
- comparisons to the base reporting period

- demographic analysis
- life event (work/life) services and demographic analysis
- presenting issues profile
- assessment profile
- EAP resolution rate (percentage of cases closed because EAP services met participant needs)
- closed case analysis of resolution and referral types
- session frequency distribution and average number of sessions per unique client (applies to clients with face-to-face EAP session models)
- web utilization data, which includes the following:
    - time-of-day breakouts
    - top accessed areas
    - average minutes per session
    - average pages viewed per session
    - number of online authorizations for face-to-face counseling
- organizational services summary, which includes the following:
    - reasons for management consultation
    - reasons for critical incident response services
    - summary of employer service hours activity

Reports are also available in PowerPoint format. We also make available detailed employer service hour reports throughout the year.

The client website is integrated for both our EAP and Medical offering so the City can access all their reports through a single-user credential.

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

Medical

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

EAP

Quarterly EAP reporting will continue to be provided free of additional charge. Your assigned Behavioral Account Manager, Maggie Karli, is available to review reporting results and offer recommendations.

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

There are no additional costs for standard reports.

4. Will there be online access for claim reports?

Yes. Our monthly medical, pharmacy, and EAP financial reports are available through our client website.

5. 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.

Internal Audit

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 also perform quality inspections based on predisbursement edit criteria that run against claim payments exceeding $5,000. This process is internal and performed by Cigna.

We estimate that 1-2 percent 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

We permit audits in accordance with the following terms: Upon 45 days' advance written request; documents relating to Plan Benefit administration services shall be made available to the City for its audit or inspection. The City will designate, with Cigna's consent, an independent, third-party auditor to conduct the audit. In addition, the City and Cigna will agree upon the date for the audit during regular business hours in a virtual/remote audit environment. The City may audit Cigna's administration of plan benefits as follows:

- **Claims** - A random, statistically valid sample of 225 claims paid.
- **Appeals** - A random sample of up to 35 appeals.
- **Customer Service** - A random sample of up to 35 member calls.
- **Accumulator/Combined Deductible** - A mutually agreed upon scope of up to 30 cases.
- **Benefit Implementation** - Cigna will support the audit for review of benefit setup related to claim processing, based on mutually agreed upon scope and timing.
- **Medical Cost Containment Program Fees** - Medical Cost Containment Program audits are limited to confirmation of fees paid by the client related to the programs in place, and are based on random sampling of up to 25 prepayment program fees and 100 postpayment program fees.

If the audit(s) identify any claim adjustments, any such adjustments will be made in accordance with this agreement, and based on actual claims/fees reviewed, and not upon

statistical projections or extrapolations. Such audits shall be conducted pursuant to the terms of Cigna's claim audit agreement executed by every party. The agreement forms must be signed before each audit.

6. How do you identify fraudulent claims and how will you notify the entity?

Cigna has invested heavily in anti-fraud analytics through a payment integrity vendor and through internal data scientists and supporting software. Cigna has also developed anti-fraud investigative expertise and prepayment intervention capabilities to quickly identify and address the risk of fraud. These integrated capabilities are part of a broader system of claim processing controls that incorporate thousands of claim edits and, depending on specific circumstances, unique skill-based routing of claims to targeted staff (e.g., specialized processors, nurses, coders). While the Special Investigations Unit (SIU) can work with other payment integrity vendors in support of specific client interests, Cigna has already implemented a payment integrity vendor and built cutting-edge capabilities in this area. Cigna's existing capabilities and processes have been developed in a way that an additional supplemental vendor would not be practical.

Cigna's Special Investigations Unit (SIU) collaborates 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, the SIU can provide client-level reporting related to fraud and abuse activity; this is available upon request or on a defined schedule (i.e., quarterly or annually). There is no cost associated with standard SIU reporting.

7. Describe the process for identifying and paying claims which may be subject to negotiation.

Medical

Cigna provides 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 Insurance Services Organization 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'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.

Pharmacy

Cigna does not offer its clients electronic COB services for pharmacy claims.

In the event a government plan, which includes a Medicare Part D or a Medicaid plan, is secondary to a Cigna-administered commercial benefit plan, Cigna directly reimburses the government plan any amounts the government plan paid in benefits for an enrollee and for which the Cigna-administered commercial benefit plan is responsible.

By contrast, Cigna does not remit reimbursement directly to another commercial benefit plan that asserts it was the secondary plan for a given prescription. Cigna only administers direct member reimbursement requests for amounts the enrollee was required to pay to another commercial benefit plan because the other plan asserted the Cigna-administered benefit plan was the primary plan. Upon receipt of the direct member reimbursement request, Cigna reimburses the member for the amount paid to the other benefit plan as if the Cigna-administered plan were the primary plan.

Cigna does not offer posttransaction recovery services when a Cigna-administered benefit plan was secondary to another benefit plan.

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

Yes. The City and Gehring Group will continue to have access to monthly financial reports through the employer website.

Questionnaire – Implementation and Billing

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

   Not applicable as Cigna is the incumbent carrier. We have provided an Implementation Calendar outline the implementation process and requirements.

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

   Confirmed.

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

   As the incumbent carrier, this is not applicable. Binder checks are not required for renewals.

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

   The City is not currently set up as self-billed with Cigna. We can accommodate self-billing for the ASO medical proposal. The EAP is currently billed per the headcounts provided by the City.

5. **What is proposer's standard billing snapshot date and grace period for payment.**

   The City is set up as Client Driven Remittance for billing and do not receive an invoice. In our system, the snapshot date/print date of the "internal" invoice is set up as the 20th of the prior month.

   Typically, premiums are due on the 1st day of the coverage period, with a grace period for Cigna to receive payment by the last day of the coverage period. However, the City currently have a 30 day deferral in place, which means the grace period is extended an extra 30 days. For example, the City's May 2022 premium will be due by 6-30-2022.

Questionnaire – Renewal Planning and Additional Fees

1. **Is proposer willing to provide renewal offer at least 180 days prior to renewal effective date?**

   Confirmed.

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

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

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

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, gamified 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

We will also continue to provide the City with the following additional wellness programs:

- phone-based health coaching;
- online and phone-based lifestyle management programs;
- phone-based maternity program;
- incentive management.

The City will continue to benefit from our specialized Smart Support customer service team, exclusively designed to help local government and education members balance a healthy lifestyle with health care costs.

Additionally, the City can choose to implement our One Guide member advocacy service as an optional buy up at $3.50 PEPM. The central mission of our One Guide solution, which includes the One Guide Smart Support service team, is to provide a more personalized, proactive, and consultative experience, by phone and online, to our members. This solution also combines human interaction with One Guide personal guides and technical support through our proprietary digital tools so members have quick, convenient access to personal coverage information and can engage in the way they prefer.

The One Guide advocacy solution is powered by the following:

- **High-Performing Member-Facing Staff** - Members receive support from our dedicated and specialized team of personal guides that provide support ranging from medical case management and health coaching to behavioral programs and pharmacy support.
- **OneView Intelligent Agent Desktop** - OneView integrates information from multiple applications (e.g., our clinical systems) onto a single screen, enabling personal guides to access pharmacy locations, eligibility information, claim processing, and status and coverage information in real time.

- **Personalized Opportunities to Engage** - In combination with OneView, our Next Best Actions feature helps personal guides offer members relevant and valuable health care opportunities.
- **Exceptional Service** - Through enhanced training and sustainment programs, personal guides provide members a service experience characterized by empathetic close listening, rapport building, and problem solving. These guides take ownership of member issues by researching complex issues and coordinating with internal and external partners to lighten member's administrative burden.
- **Multichannel Interactive Modalities** - Members can connect with us digitally, over the phone, and face-to-face, through inbound or outbound contact. And to make sure our members can reach us whenever and however they need us, we keep innovating, with plans to expand live chat functionality.
- **Integrated Digital Capabilities** - Members can access One Guide's digital tools to discover health insights, look up claims, or find a nearby in-network specialist using our geolocation capabilities, all seamlessly included in the myCigna app and website. And we are continuing to redesign One Guide's digital experience to help members find what they need more quickly and easily.

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

   Yes.

5. **Please confirm any bundling discounts you are offering here.**

   Integration discounts are already included in the City's current financial offering.

Questionnaire – Enrollment & Implementation Technology

1. **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.

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 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, our standard EDT package layout options include our proprietary automated client eligibility format or electronic data interchange (EDI) HIPAA 834 formats; development of eligibility files in either of our standard formats is included at no additional charge. Clients that elect to provide automated eligibility can utilize electronic data transmission (EDT) to submit EDT files on a weekly, biweekly, monthly, or semimonthly basis.

   We accept eligibility information in the ANSI 834 format, a client-defined format that contains the necessary data elements, or our proprietary format.

   There is no additional charge for Cigna to receive the ANSI 834 format or our proprietary format. Files should be in American Standard Code for Information Interchange (ASCII) text and be submitted via electronic data transfer (EDT).

   There is an additional fee for a nonstandard format.

   Our preferred method of receiving eligibility files is through EDT. We evaluate each client's enrollment information individually based on plan design and reporting needs.

   Eligibility transmissions made in the preferred 834 format must comply with SNIP levels 1-4 format rules. An alternative layout without a compliance check is Cigna's standard automated client eligibility file layout.

4. **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) updates made in real time
   - manual updates made within five business days of receipt
   - emailed files updated within two business days of receipt

   Our central eligibility database updates our claim processing system daily to maintain accurate and up-to-date records. As we feed eligibility data into the eligibility system, we monitor accuracy and congruency to plan structure and then distribute it to other areas, including claim processing. Our eligibility systems feed 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, the City 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.

5. **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.)**

   Yes. If requested, our system sends automated emails about eligibility files to the City in the following scenarios:

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

   We will verify the number of records received upon request. Cigna considers the cancel date to be the last day of coverage.

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

   The City currently provides Cigna with an automated eligibility file. As the incumbent carrier, no implementation time is needed.

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

   Cigna is pleased that we currently provide medical, pharmacy, dental and EAP coverage to the City. Maintaining your coverage with Cigna would not require a complex implementation process since we are the incumbent carrier. If we are fortunate enough to add additional membership or if the City chooses to make plan changes, then 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 the City's implementation calendar.

8. **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?**

   The renewal set-up time needed for changes to file structure, plans, funding strategy, or platform changes for an established client group with Cigna varies depending upon the details of the client's existing elections and which components are being updated. For complex or highly customized cases with many changes, we may need between 90-120 days to implement the changes. For simple updates, we can typically implement automated eligibility clients within 60-90 days from the date the contract is awarded. Your account management team would be happy to discuss any additional questions you may have on this topic.

   Please note as Cigna is the incumbent medical, pharmacy, EAP and dental plan administrator and the City already provides Cigna with an automated eligibility file, no additional time is needed to set-up the EDI process. For an established client group with Cigna (other than the City) who is currently utilizing manual eligibility and wishes to begin using automated eligibility, renewal activities, even those that are complex or highly customized, do not typically cause delays in setting up the EDI process on Cigna's end. However, if a client prefers to delay set-up of the EDI process for any reason, Cigna can accept eligibility files manually in the interim. We offer the following standard manual for clients to establish and maintain manual eligibility:

   - **Internet-Based Enrollment Maintenance Tool -** Clients submit and view real-time eligibility or reporting information via the enrollment maintenance tool on our client website. This method can be used in conjunction with either automated eligibility or manual eligibility.
   - **Manual Eligibility -** Clients use paper enrollment forms or the standard eligibility spreadsheet (also called the SES Excel spreadsheet) for open enrollment and ongoing maintenance updates.

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

   The City currently provides Cigna with an automated eligibility file. As the incumbent carrier, no testing time for initial set-up and structure is needed.

10. **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?**

    Members will receive ID cards via USPS first-class mail approximately 7-10 business days after the eligibility data provided by the City has been accepted and processed. Upon the completion of loading eligibility into Cigna systems, temporary ID cards are immediately

available through our member website, myCigna, and on mobile-enabled devices through our myCigna mobile app.

Combined with robust, regular communication between our implementation team and our clients, our implementation and renewal timelines are comprehensive and provide detailed information and timeframes, customized to each client's unique circumstances, which indicate the due dates of each task to help keep both parties on track to prevent concerns, such as delayed ID card delivery. In the unlikely event that ID card delivery would be delayed beyond the plan effective date, our account management and implementation team would work with the City to discuss alternative solutions available to ensure plan continuity so that your employees' access to care would not be compromised.

Questionnaire – Medical

1. **Please provide a Medical Geo Access report that illustrates the number of: a. 1 Hospital within 10 miles b. 2 PCPs & Pediatricians within 10 miles c. 2 OBs/Gyns, within 10 miles d. 2 Specialists within 10 miles (excluding OBs/Gyns) e. 2 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.**

   Please refer to the Network Information section of this proposal for the requested Geo Acess report.

2. **Please confirm average discounts for the geographic area represented in employee/member census as follows: Please provide this information for the following counties in order: Pinellas County, Hillsborough County, Pasco County, Manatee County, Hernando County.**

Charge Type	Pinellas County	Hillsborough County	Pasco County	Manatee County	Hernando County
Location(1)	67.6%	66.3%	66.9%	69.7%	67.8%
Doctors	63.9%	62.1%	63.2%	64.0%	64.4%
Urgent Care Centers(2)	64.7%	60.5%	60.5%	65.0%	62.4%
Out-Patient Hospital	72.7%	72.8%	72.6%	75.6%	72.7%

In-Patient Hospital	62.7%	58.3%	60.6%	65.7%	63.0%
All Others	67.7%	66.4%	67.0%	69.8%	67.8%

(1) 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) Cigna does not calculate discounts based on Urgent Care. The discount provided under the Urgent Care category represents an overall (outpatient, inpatient, and physician) discount.

3. **Please identify proposed provider network.**

   The proposed provider network is an Open Access Plus (OAP) plan.

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

   Yes, we are including a Discount Guarantee as outlined in the Performance Guarantee Client Summary. Please refer to the Discount Guarantee proposal for the details.

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

   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 (possibly quarterly) by the Entity 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.

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. We waive every actively-at-work provision on the original group, provided the employees had insurance under the previous plan. Absences due to health-related reasons cannot apply to actively at work. In accordance with the Affordable Care Act (ACA), Cigna plans do not contain a preexisting condition limitation clause unless the plan is exempt from ACA and wishes to apply it.

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

    The City's employees and dependents will continue to benefit from our innovative chronic condition coaching model, Your Health First®. By taking a broad approach to helping members manage chronic health conditions, Your Health First addresses the health of the whole person. 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 uses outreach to address 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 inbound calls and comorbid conditions through this model.

    We use multiple data sources integrated by Health Matters Score-a single, proprietary analytic tool-to identify members with chronic conditions at higher risk for near-term and future high claim costs. The tool reflects factors such as condition, severity, progression, behavior, and modifiability, as well as an apparent preference for a phone call modality. We

target those members 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. Outreach reinforces the availability of online chronic condition programs, tools, and resources, as well as the enrollment process. By offering both phone-based and online coaching models, we can provide support in the modality preferred by each identified member while increasing overall engagement in the program.

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, lifestyle management coaching for weight management, stress management, and tobacco cessation, and preadmission and postdischarge outreach for hospitalized members.

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 support.

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

We will continue to offer the City our Health Matters Care Management Preferred medical management program. This program includes utilization management of inpatient and selected outpatient services, inpatient case management (concurrent stay review), and

medical case management, including several specialty case management programs. Our program 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 members to the right resources for their diagnosis and personal situation;
- help members find and use quality, cost-effective care; and
- approach members consultatively to better understand their condition and treatment options.

Through our medical management services we remain dedicated to transitioning care to the most cost-effective and medically effective setting. An important component of the medical management model is our precertification process that we use to move patients from an inpatient to an outpatient setting when clinically appropriate according to evidence-based medical guidelines. In addition, after a medical procedure or emergent admission, a member may be kept for observation on an outpatient basis for up to 23 hours. After 24 hours, if the attending health care provider does not observe sufficient recovery, the member is admitted on an inpatient basis. As soon as the attending provider notifies us, the admission is again subject to our precertification process.

12. Please confirm dependent child(ren) eligibility.

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

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

Confirmed. The City's employees and dependents will continue to have access to our virtual care portfolio that includes services offered through our network health care providers and partnership with MDLIVE (a Cigna affiliate). We have intentionally built virtual care services into all of our network solutions with multiple access points to meet our members' needs with no additional administrative fee. Our delivery channel supports a wide breadth of services, including minor medical conditions, primary care (wellness screenings and routine care), more complex services like chronic care management, and behavioral care.

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

This is not applicable as Cigna is the incumbent provider.

15. Self-Insured: Provide recommended premium equivalents for the current plan designs shown in the medical benefit response form section.

Confirmed. We have provided the recommended premium equivalents for the current plan designs shown in the medical benefit response form section.

16. **Self-Insured: Please confirm if medical ASO quote is contingent upon bundled Stop Loss and/or PBM administration. If so, please confirm what is required to be attached and/or pricing differential without bundled administration.**

    Our ASO proposal is contingent upon bundled Pharmacy and Stop Loss. If Pharmacy is carved-out then the ASO admin fee will increase by $10.00 PEPM. In addition, direct billed charges will apply for Open Refill Transfer and Prior Authorization files. For accounts with medical and Cigna's Disease Management programs, there are additional costs to implement and maintain the Pharmacy carve out intake process. It is a one-time set-up fee of $6,000 and a monthly maintenance fee of $750.

17. **Self-Insured: Is your company willing to provide administrative fee guarantee? If so, please provide the details of your guarantee.**

    Yes, our ASO proposal includes a flat fee guarantee for 60 months from 1/1/2023 – 12/31/2027.

18. **Please confirm you provided a response to the medical provider network disruption report indicating which of those medical providers are in or out of your proposed network.**

    Confirmed.

19. **Please confirm you provided a response to the prescription drug disruption report indicating which Pharmacy benefit tier each of the listed drugs is covered under or if they are not included in your formulary.**

    Confirmed.

20. **Please confirm the additional funds included in your proposal here including wellness funds, on-site wellness representative fund, employee wellness center fund, discretionary funds, or any other funds.**

    Cigna's proposal will continue to provide funds for:

    - **Wellness Fund** – Annual fund at $50,000
    - **On-Site Wellness Representative Subsidy** – We are offering the City the option to receive this fund as a credit to their ASO fee or as a direct payment.
    - Our proposal will continue to include subsidies for data files, enrollment system, EAP premium, COBRA services and staffing overages at the wellness center.

- Cigna is pleased to include a new one-time $200,000 discretionary fund. The City has the discretion to use this fund to benefit all plan participants or as a premium holiday for their ASO fees or Stop Loss premium.

*These funds are regulated by external agencies and required to be used in accordance with Cigna's Optional Services Policy. All fund expenses must be made available to and benefit all plan participants.

21. Is proposer willing to provide performance guarantees around Rx rebates? If so, please include details.

Although not a performance guarantee that we currently offer, Cigna will pay annual rebates within 90 days of calendar year-end (i.e., not based on policy/plan year).

Our Rx rebate sharing terms include a minimum guarantee per brand script, please refer to Exhibit III – Pharmacy Benefits Management Response Form for the details.

22. Please confirm your medical insurance proposal is submitted net of broker commissions.

Confirmed.

Questionnaire – Stop Loss

1. **Please confirm proposed quote is firm. If not, please provide details as to why.**

   Confirmed. Cigna's proposed financials are firm.

2. **Please confirm proposed quote contract terms.**

   Confirmed. We have provided the requested contract basis of 12/36.

3. **Please confirm proposal does not include lasers.**

   Confirmed. Our stop loss proposal does not include lasers.

4. **Please confirm proposer's process for inclusion of lasers, if applicable, at renewal.**

   We recognize that clients have different levels of risk tolerance. Risk-averse clients can choose not to laser members. For clients who are comfortable accepting the risk, lasering is available with an accompanying rate adjustment.

5. **Please detail data requirements in order to process reimbursements.**

When a claimant reaches the individual pooling point, we continue to draw claims from the ASO bank account and pay the client through a credit to that account. We display this as an ISL refund (negative refund) on the ASO worksheet.

Our expedited service triggers automatically on reimbursements in excess of $150,000, ensuring settlement to the client's account before the health care provider payment is withdrawn or on the same day in most cases. Our general service for reimbursements up to $150,000 also offers quick turnaround, with 93 percent of claims paid within 48 hours and 99 percent within 5 days.

6. **What is the period for reimbursements once the claim information is submitted for payment? Do you offer Advanced Funding on claims reimbursements at no cost to the client?**

   We do not provide advanced funding of claims. Primarily, third-party carriers use advanced funding because of the time lag inherent in the claim payment process when stop loss coverage is not placed with the medical carrier. Since our stop loss is in-house, reimbursements are triggered automatically, feeding directly from our medical claims payment systems to our stop loss reimbursement systems.

   Our expedited service triggers automatically on reimbursements in excess of $150,000, ensuring settlement to the client's account before the health care provider payment is withdrawn or on the same day, in most cases. Our general service for reimbursements up to $150,000 also offers quick turnaround, with 93 percent of claims paid within 48 hours and 99 percent within five days.

7. **Please confirm that proposer will base stop loss coverage reimbursements on the 'Eligible Expenses' as defined by the medical ASO plan document.**

   Our integrated stop loss coverage options fully align with our medical and specialty offerings to provide extensive risk protection. When we administer both medical and stop loss coverage, we have common claim payment and medical management protocols that govern medical claim payments and stop loss claim reimbursements. Because of this, we do not require reporting, separate claim filing, or notification.

8. **Does proposal exclude any member population included in census?**

   No, our stop loss proposal covers the population that is also covered under Cigna's medical benefits.

9. **If proposer is awarded the Stop Loss insurance contract, please confirm if policy is guaranteed renewable.**

Confirmed. Cigna's ISL contract is guaranteed renewable.

10. How many months of current year experience are required to offer a firm renewal?

Cigna requires data for the last twelve months.

11. Upon underwriting approval, does proposer offer a maximum renewal rate cap on specific rates?

The proposed stop loss rate is guaranteed for 12 months from 1/1/2023 – 12/31/2023.

12. Please confirm if your stop loss proposal matches the City's current ISL layout ($250k ISL/$350k ISL with 50% cost share). If you are unable to quote this option please confirm you are quoting a $300k ISL.

Confirmed. Our stop loss proposal matches the City's current ISL layout ($250k ISL/$350k ISL with 50% cost share).

13. Please confirm your stop loss proposal does not include aggregate stop loss coverage.

Confirmed.

Questionnaire – Wellness

1. Please disclose the name of your proposed wellness program and any wellness funds you are offering the City.

We are offering a $50,000 Wellness Fund with our proposal.

2. Did proposer include the criteria associated with how the Entity can use the wellness funds?

Yes. 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.

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

No. We provide a variety of complimentary wellness programs. These wellness offerings include the following:

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

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

Yes. Maria Ardolino is your designated engagement consultant who supports the City in the development of an overall well-being strategy to target key initiatives and communications to increase participation, improve health, and lower total medical costs. Maria handles the execution of the well-being plan, including open enrollment, to ensure successful implementation and desired results.

In addition, Leo Garrison serves as the City's dedicated Onsite Well-Being Coordinator. Leo works closely with the Cigna team alongside the City in executing the City of Clearwater's health management goals. His primary focus is health promotion and he will continue to execute the appropriate delivery and coordination of wellness programs including event scheduling and community and vendor programs.

5. Does your company offer rate discounts on the proposed programs, in dollars or percent, to employer groups who implement an active, participatory Wellness Program? If so, please describe the discount model amount and requirements.

Yes. One of employers' biggest challenges is motivating employees and their families to participate in health and education programs. We designed our Motivate*Me*® incentive program to meet this challenge; it provides a variety of milestones that encourages members to participate and rewards them for taking actions to improve their health. This user-friendly

program enables clients to customize an incentive program to meet their specific goals and is available as a buy-up option.

Through Motivate*Me*, clients can offer incentives for a variety of activities:

- health assessment completion
- client-defined physical activity
- biometric screenings/outcomes
- phone-based health and wellness coaching
- online coaching programs
- general weight or health management
- cost and quality goals
- specialty pharmacy steerage goals
- claim-verified preventive care (applies to medical only)
- self-reported preventive care (applies to nonmedical only)
- custom goal capabilities

This internally provided, single-platform incentive program integrates seamlessly into a health and wellness program. Members can access their incentive information on myCigna, and clients can easily track utilization online. Incentive information is also available to our customer service staff and health coaches, and our staff is able to discuss available incentive opportunities with members; this results in a superior customer service experience and increased member participation.

6. Does your wellness program provide a proactive health education and improvement program for those with a chronic condition?

Yes. 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 uses outreach to address 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 inbound calls and comorbid conditions through this model.

We use multiple data sources integrated by Health Matters Score—a single, proprietary analytic tool—to identify members with chronic conditions at higher risk for near-term and future high claim costs. The tool reflects factors such as condition, severity, progression, behavior, and modifiability, as well as an apparent preference for a phone call modality. We target those members 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. Outreach reinforces the availability of online chronic condition programs, tools, and resources, as well as the enrollment process. By offering both phone-based and online coaching models, we can provide support in the modality preferred by each identified member while increasing overall engagement in the program.

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.

7. Does your wellness program utilize behavioral coaching principles and evidence-based medicine guidelines to optimize self-management skills to foster sustained health improvement?

Yes. Wellness coaches use Dr. James Prochaska's readiness-to-change model as they assess, engage, and educate participants. The following key concepts promote healthy behavior change:

- **Stages of Change and the Transtheoretical Model -** This model, developed by Dr. Prochaska and colleagues, is the basis for developing effective interventions to promote behavioral change. The central organizing construct is the Stages of Change model. The approach focuses on decision making and involves emotions, cognition, and behavior.
- **Motivational Interviewing -** Developed by William R. Miller and Stephen Rollnick, this approach enhances intrinsic motivation for change by helping individuals explore and resolve ambivalence.

- **Cognitive Behavioral Modification -** An empirically supported treatment that focuses on maladaptive thinking patterns and the underlying beliefs, cognitive behavioral modification is based on the idea that how we think (cognition) determines how we feel (emotion) and how we act (behavior).
- **Cigna CARE Coaching® Model -** Developed by Cigna's Coach Development Center, this model uses the following five core concepts:
    - determine what is important to participants based on their own perspective
    - assist participants in identifying and clarifying goals
    - understand participants' unique and personal motivators for reaching their goals
    - assist participants in developing plans with specific actions that make sense to them and that they believe will work for them
    - provide support and encouragement during the change process as participants carry out their plans

The Cigna CARE Coaching® model-featuring collaborative, affirmative, respectful, and empowering coaching-helps members who are experiencing a variety of medical, behavioral, and lifestyle conditions. The model is adaptable to unique characteristics, including diverse ethnic groups, regional areas, cultural groups, and socioeconomic levels. The member's current needs and the lifestyle changes that the member aims to achieve and sustain determine the coaching techniques applied.

Cigna's clinical professionals employ a combination of motivational interviewing, readiness assessment, and behavioral modification techniques during coaching engagements. Coaches identify and engage members who demonstrate at least one targeted at-risk health condition or behavior to help them improve their health. Our worksite health coaches provide:

- personalized support that influences, educates, and motivates people to overcome barriers to change and achieve improved health;
- coaching customized by intensity, modality, and duration; and
- a proactive approach to health risk reduction.

Internally developed by Cigna and used by patient-facing staff, the Cigna CARE Coaching model provides a consistent approach to helping those we serve make informed health decisions to positively improve their health, well-being, and peace of mind. Our patient-directed philosophy creates more confident consumers and navigators of the health care system.

Furthermore, health coaches use the Patient Health Questionnaire 2 (PHQ-2) to assess for possible behavioral health issues. The standard requirement is that health coaches administer this screening by at least the third coaching session with a member (earlier when the health coach determines a need to do so during the first or second session). When there is a positive response to this assessment and with the member's permission, the health coach refers this information to a behavioral health specialist who administers the Patient Health Questionnaire 9 (PHQ-9) assessment for depression, anxiety, and stress. If a member screens

positive for depression symptoms and is interested in receiving support, a licensed behavioral clinician will actively coach the member. Behavioral health clinicians may also use the Generalized Anxiety Disorder Assessment (GAD) to further assess for depression, anxiety, and stress. They also use the CAGE-AID tool to screen for possible alcohol and other drug use issues.

8. Does your wellness program include: a. Chronic condition-specific coaching? b. Pre- and post-discharge calls? c. Lifestyle management coaching: stress, weight management, and tobacco cessation? d. Treatment decision support and coaching?

a. Yes. 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 uses outreach to address 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 inbound calls and comorbid conditions through this model.

We use multiple data sources integrated by Health Matters Score-a single, proprietary analytic tool-to identify members with chronic conditions at higher risk for near-term and future high claim costs. The tool reflects factors such as condition, severity, progression, behavior, and modifiability, as well as an apparent preference for a phone call modality. We target those members 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. Outreach reinforces the availability of online chronic condition programs, tools, and resources, as well as the enrollment process. By offering both phone-based and online coaching models, we can provide support in the modality preferred by each identified member while increasing overall engagement in the program.

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.

b. Yes.

Preadmission Outreach

Notification that someone will be hospitalized with a nonmaternity diagnosis triggers a preadmission outreach call. Once the system creates a precertification for an impending elective admission, it autogenerates a "perform preadmission outreach" activity. The member is added to a systematic work queue of people who are to receive a preadmission outreach call. When notified at least four business days before the planned admission, we attempt to contact the member by phone, generally by placing a minimum of two calls at least 24 hours apart.

The purpose of the preadmission outreach call is to assess the member's understanding of the planned procedures as well as the doctor's plan of care. The conversation provides the opportunity to answer questions and assess the member's at-home support system upon discharge. It also engages the member in setting expectations for the hospital stay, including the length of stay.

Inpatient Outreach

The RN transition specialist uses our daily inpatient census files in combination with our real-time inpatient identification algorithms to identify people who could benefit from either short-term or longer-term case management services. Talking with a member who is

hospitalized provides the opportunity for the transition specialist to answer the member's questions and provide additional support during the hospitalization. If the member was already involved in a case management program before the hospitalization, the member's case manager normally makes this outreach call.

Postdischarge Outreach Helping to Prevent Hospital Readmissions

We make postdischarge outreach calls to all members with an authorized overnight hospital stay.

We attempt to contact the member by phone shortly after discharge. In addition, we may have already scheduled a follow-up appointment during a preadmission or inpatient advocacy conversation with the member.

The postdischarge call allows us to answer questions from the member or a family member, assess progress and compliance with the doctor's treatment plan, problem solve to remove any barriers to treatment plan compliance, and encourage participation in other applicable and available programs. The call focuses on helping to prevent hospital readmissions for the same condition because of, at least in part, a lack of understanding of the disease, lack of compliance with the treatment plan, and/or lack of appropriate follow-up self-care. The conversation also provides an opportunity to encourage participation in appropriate supporting programs, such as case management.

c. Yes. We offer lifestyle management programs for weight management, stress management, and tobacco cessation. These programs are available by phone and online.

The phone model offers one-to-one contact with a wellness coach who provides personalized support. These dedicated wellness coaches use a motivational interviewing style to help participants choose and complete actions to affect positive change. Coaching sessions, supplemental educational materials, interactive tools, and discounts support participants as they work to change old habits into new, healthier ways of life.

For those who prefer to work independently, we offer a secure, convenient, online model. Powered by WebMD, My Health Assistant provides a personalized experience as well as an individualized online plan. Members can access the My Health Assistant online coaching programs through our member website, myCigna. There, they select the health goals they would like to address along with the activities that serve to build habits and lay the foundation for achieving them. The interactive features in My Health Assistant offer additional suggestions on goals and activities based on areas of interest.

Participants regularly check in to record their progress online and add or remove goals and activities.

Individual lifestyle management programs and their components are listed below.

- Weight Management
- Stress Management
- Tobacco Cessation

Lifestyle management is supported by active account management, communications, and reporting.

d. Yes. Health coaches provide phone-based treatment decision support for members who are facing treatment decisions for specific conditions. These conditions and their potential treatment options are as follows:

- back pain acute, chronic, spinal stenosis, herniated disc
  - medication
  - physical therapy
  - surgery
- coronary artery disease stable angina
  - heart catheterization
  - angioplasty
  - coronary artery bypass grafting
- benign uterine conditions fibroids, abnormal bleeding
  - medications
  - minimally invasive procedures
  - hysterectomy
- osteoarthritis of the hip or knee
  - medications
  - physical therapy
  - joint replacement
- breast cancer
  - surgery options
  - chemotherapy
  - radiation therapy
  - reconstruction
- prostate cancer
  - watchful waiting
  - radiation
  - surgery

No one medical answer is right for all people with these conditions. Several approaches may have the same clinical effectiveness. This coaching supports members making a decision about their own health care by supplying them with evidence-based medical information, identifying their preferences and values, and answering questions about the potential advantages/disadvantages of a specific course of action. Coaching is supported by medically reviewed health information and treatment decision aids, such as videos, DVDs, brochures, and online tools, to help members consider available options.

When given decision aids and information as well as the opportunity to include their own preferences and values in the decision-making process, people often choose less invasive procedures. There is often a reduction in medical claims for related services, such as radiology or lab services, as well. A proprietary claim-based predictive model helps us identify members

for the majority of the treatment decision support conditions; however, members diagnosed with breast cancer or prostate cancer self-refer to the program.

SECTION V: Response Forms

Exhibit VII: Other Required Forms

Proposers shall indicate any and all exceptions taken to the provisions or specifications in this solicitation document. Exceptions that surface elsewhere and that do not also appear under this section shall be considered invalid and void and of no contractual significance.

Exceptions (mark one):

****Special Note – Any material exceptions taken to the City's Terms and Conditions may render a Proposal non-responsive.**

X No exceptions

_____ Exceptions taken (describe--attach additional pages if needed)

Additional Materials submitted (mark one):

_____ No additional materials have been included with this proposal

X Additional Materials attached (describe--attach additional pages if needed)

Section 4 - A. EAP Renewal Letter

Section 4 - B. Performance Guarantee Client Summary

Section 4 - C. Discount Guarantee

Section 5 - C. Rx Tier Analysis

Section 6 - A. City of Clearwater - EAP Agreement

Acknowledgement of addenda issued for this solicitation:
Prior to submitting a response to this solicitation, it is the vendor's responsibility to confirm if any addenda have been issued.

Addenda Number	Initial to acknowledge receipt
1	GS

Vendor Name Cigna Health and Life Insurance Company (CHLIC) and Evernorth Care Solutions, Inc. Date: May 13, 2022

SECTION V: Response Forms

Exhibit VII: Other Required Forms

Company Legal/Corporate Name: (1) Cigna Health and Life Insurance Company (2) Evernorth Care Solutions, Inc.

Doing Business As (if different than above): N/A

Address: (1) 900 Cottage Grove Road (2) 1 Express Way

City: (1) Bloomfield (2) St. Louis State: (1) CT (2) MO Zip: (1) 06002 (2) 63121

Phone: 860.226.6000 Fax: N/A

E-Mail Address: N/A Website: (1) www.cigna.com (2) www.evernorth.com

DUNS # (1) 831744102 (2) N/A

Remit to Address (if different than above):

Address: CHLIC P.O. Box 644546

City: Pittsburgh State: PA Zip: 15264-4546

Order from Address (if different from above):

Address: N/A

City: _____ State: _____ Zip: _____

Contact for Questions about this proposal:

Name: Dina D'Angelo Fax: 954.514.6905

Phone: 954.790.8152 E-Mail Address: Dina.D'Angelo@Cigna.com

Day-to-Day Project Contact (if awarded):

Name: Janice Seward Fax: 860.905.5606

Phone: 860.902.5606 x1348 E-Mail Address: Janice.Seward@Cigna.com

_____ Certified Small Business

Certifying Agency: _____

_____ Certified Minority, Woman or Disadvantaged Business Enterprise

Certifying Agency: _____

Provide supporting documentation for your certification, if applicable.

SECTION V: Response Forms

Exhibit VII: Other Required Forms

By signing and submitting this Proposal, the Vendor certifies that:

a) It is under no legal prohibition to contract with the City of Clearwater.
b) It has read, understands, and is in compliance with the specifications, terms and conditions stated herein, as well as its attachments, and any referenced documents.
c) It has no known, undisclosed conflicts of interest.
d) The prices offered were independently developed without consultation or collusion with any of the other respondents or potential respondents or any other anti-competitive practices.
e) No offer of gifts, payments or other consideration were made to any City employee, officer, elected official, or consultant who has or may have had a role in the procurement process for the services and or goods/materials covered by this contract.
f) It understands the City of Clearwater may copy all parts of this response, including without limitation any documents and/or materials copyrighted by the respondent, for internal use in evaluating respondent's offer, or in response to a public records request under Florida's public records law (F.S. 119) or other applicable law, subpoena, or other judicial process.
g) Respondent hereby warrants to the City that the respondent and each of its subcontractors ("Subcontractors") will comply with, and are contractually obligated to comply with, all Federal Immigration laws and regulations that relate to their employees.
h) Respondent certifies that they are not in violation of section 6(j) of the Federal Export Administration Act and not debarred by any Federal or public agency.
i) It will provide the materials or services specified in compliance with all Federal, State, and Local Statutes and Rules if awarded by the City.
j) It is current in all obligations due to the City.
k) It will accept such terms and conditions in a resulting contract if awarded by the City.
l) The signatory is an officer or duly authorized agent of the respondent with full power and authority to submit binding offers for the goods or services as specified herein.

ACCEPTED AND AGREED TO:

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

Signature: _____

Printed Name: Yesenia Sanchez

Title: Senior Director of CHLIC and Authorize Signatory

Date: May 16, 2022

*Additional Legal Entity: Evernorth Care Solutions, Inc.

SECTION V: Response Forms

Exhibit VII: Other Required Forms

SCRUTINIZED COMPANIES AND BUSINESS OPERATIONS WITH CUBA AND SYRIA CERTIFICATION FORM

IF YOUR BID/PROPOSAL IS $1,000,000 OR MORE, THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaging in business operations in Cuba and Syria; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria; and
3. Business Operations means, for purposes specifically related to Cuba or Syria, engaging in commerce in any form in Cuba or Syria, including, but not limited to, acquiring, developing, maintaining, owning, selling, possessing, leasing or operating equipment, facilities, personnel, products, services, personal property, real property, military equipment, or any other apparatus of business or commerce; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria.

We are not on any of the noted Scrutinized Lists. We do not have any business operations in Cuba or Syria. However, please be advised that we lawfully provide health insurance coverage to certain clients for their employees and family members around the world, some of whom may be living and working in the countries noted above. Please note that our coverage and related services are provided in accordance with applicable laws and regulations, including specific and general licenses from the US Office of Foreign Assets Control.

Authorized Signature

Yesenia Sanchez
Printed Name

Senior Director of CHLIC and Authorized Signatory
Title

Cigna Health and Life Insurance Company (CHLIC)*
Name of Entity/Corporation

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization on, this 16th day of May, 2022 by Yesenia Sanchez (name of person whose signature is being notarized) as the Senior Director (title) of Cigna Health and Life Insurance Company (name of corporation/entity), personally known _____, or produced _____ (type of identification) as identification, and who did/did not take an oath.

Notary Public
Vallorie Miller
Printed Name

My Commission Expires: April 3, 2025
NOTARY SEAL ABOVE

VALLORIE MILLER
Notary Public - State of Florida
Commission # HH 102995
My Comm. Expires Apr 3, 2025
Bonded through National Notary Assn.

*Additional Legal Entity: Evernorth Care Solutions, Inc.

SECTION V: Response Forms

Exhibit VII: Other Required Forms

SCRUTINIZED COMPANIES THAT BOYCOTT ISRAEL LIST CERTIFICATION FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
3. "Boycott Israel" or "boycott of Israel" means refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner. A statement by a company that it is participating in a boycott of Israel, or that it has initiated a boycott in response to a request for a boycott of Israel or in compliance with, or in furtherance of, calls for a boycott of Israel, may be considered as evidence that a company is participating in a boycott of Israel; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel.

Authorized Signature

Yesenia Sanchez
Printed Name

Senior Director of CHLIC and Authorized Signatory
Title

Cigna Health and Life Insurance Company (CHLIC)*
Name of Entity/Corporation

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me by means of X physical presence or ☐ online notarization on, this 10th day of May, 2022, by Yesenia Sanchez (name of person whose signature is being notarized) as the Senior Director (title) of Cigna Health and Life Insurance Company (name of corporation/entity), personally known _____, or produced _____ (type of identification) as identification, and who did/did not take an oath.

Notary Public
Vallorie Miller
Printed Name

My Commission Expires: April 3, 2025
NOTARY SEAL ABOVE

VALLORIE MILLER
Notary Public - State of Florida
Commission # HH 102995
My Comm. Expires Apr 3, 2025
Bonded through National Notary Assn.

*Additional Legal Entity: Evernorth Care Solutions, Inc.

SECTION V: Response Forms

Exhibit VII: Other Required Forms

VERIFICATION OF EMPLOYMENT ELIGIBILITY FORM

PER FLORIDA STATUTE 448.095, CONTRACTORS AND SUBCONTRACTORS MUST REGISTER WITH AND USE THE E-VERIFY SYSTEM TO VERIFY THE WORK AUTHORIZATION STATUS OF ALL NEWLY HIRED EMPLOYEES.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

1. The Contractor and its Subcontractors are aware of the requirements of Florida Statute 448.095.
2. The Contractor and its Subcontractors are registered with and using the E-Verify system to verify the work authorization status of newly hired employees.
3. The Contractor will not enter into a contract with any Subcontractor unless each party to the contract registers with and uses the E-Verify system.
4. The Subcontractor will provide the Contractor with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with unauthorized alien.
5. The Contractor must maintain a copy of such affidavit.
6. The City may terminate this Contract on the good faith belief that the Contractor or its Subcontractors knowingly violated Florida Statutes 448.09(1) or 448.095(2)(c).
7. If this Contract is terminated pursuant to Florida Statute 448.095(2)(c), the Contractor may not be awarded a public contract for at least 1 year after the date on which this Contract was terminated.
8. The Contractor is liable for any additional cost incurred by the City as a result of the termination of this Contract.

Authorized Signature

Yesenia Sanchez
Printed Name

Senior Director of CHLIC and Authorized Signatory
Title

Cigna Health and Life Insurance Company (CHLIC)*
Name of Entity/Corporation

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization on, this 11th day of May, 2022, by Yesenia Sanchez (name of person whose signature is being notarized) as the Senior Director (title) of Cigna Health and Life Insurance Company (name of corporation/entity), personally known ____, or produced _____ (type of identification) as identification, and who did/did not take an oath.

Notary Public

Vallorie Miller
Printed Name

My Commission Expires: April 3, 2025
NOTARY SEAL ABOVE

VALLORIE MILLER
Notary Public - State of Florida
Commission # HH 102995
My Comm. Expires Apr 3, 2025
Bonded through National Notary Assn.

*Additional Legal Entity: Evernorth Care Solutions, Inc.