Attached to and made part of Group Policy No. 3344500

It is hereby agreed that said policy is amended as follows:

• Page CSL-SCH(10-15) headed COVERAGE INFORMATION is deleted and the attached Pages headed COVERAGE INFORMATION is substituted therefore.

# CIGNA HEALTH AND LIFE INSURANCE COMPANY (Herein called 'Cigna') Schedule of Insurance

## **Coverage Information**

Policyholder:	City of Delray Beach
Policy Number:	3344500
Effective Date:	October 01, 2024
Issue Date:	September 16, 2024
Next Renewal Date:	October 01, 2025
State or other Jurisdiction of Issue:	Florida

#### Notices

For the purpose of any notices required under this policy, such notices should be sent to the addresses shown below:

Cigna Health and Life Insurance Company 900 Cottage Grove Road, Hartford, CT 06152 Attn: Stop Loss Unit

For questions regarding coverage or to get help in resolving a complaint, the phone number is: 1-855-246-1874

City of Delray Beach 100 N.W. 1st Avenue Delray Beach, FL 33444 Attn: City Manager Moore@mydelraybeach.com 561-243-7193

*Notice to Policyholder - ADDITIONAL PROGRAMS* – Cigna may, from time to time, offer or arrange for various entities to offer discounts, benefits, services or other consideration to the Policyholder's employees for the purpose of promoting their general health and well-being. For details about these programs, contact Cigna. Any such consideration shall be provided by Cigna in connection with its administrative services agreement for the administration of the Policyholder's self-insured Plan and shall not be considered a benefit of this policy nor create any relationship between Cigna and the Policyholder's employees with respect to this policy.

# CIGNA HEALTH AND LIFE INSURANCE COMPANY (Herein called 'Cigna') Individual Stop Loss Coverage

Policy Year:	October 01, 2024 to September 30, 2025	
Covered Expenses:	Claims that are Incurred between October 01, 2020 and September 30, 2025 <u>and</u> that Become Due between October 01, 2024 and September 30, 2025	
Monthly Premium Rates: For each covered employee		\$117.04
Individual Stop Loss Benefit	Percentage Payable:	100%
Individual Stop Loss Limit:		\$200,000.00

The following Covered Persons have been identified as High Risk Individuals and shall be subject to the Individual Stop Loss Limit as specified below:

High Risk Individuals

None

## Benefit Plans Covered by Individual Stop Loss Coverage:

Claim Administrator	Product
Cigna	HRA Open Access Plus
Cigna	Mental Health/Substance Use Disorders
Cigna	OAP In-Network
Cigna	HDHP Open Access Plus - Retirees
Cigna	Pharmacy Expense

**Cigna's Maximum Liability per individual:** Will be the individual maximum, if any, as set forth in the Benefit Plan less the Individual Stop Loss Limit

#### Additional exclusions from Individual Stop Loss coverage under this policy:

- Funds contributed by the company or an employee as part of a Health Reimbursement Account, Health Savings Account or Flexible Spending Account.
- Expenses resulting from fixed, per person, per period charges (fixed charges), if any, i.e., contractually determined periodic payments to certain providers based on the number of Plan participants entitled to receive services from the provider, in return for which, such providers furnish certain agreed-upon services to Plan participants.

Aggregate Stop Loss Coverage

Policy Year:	October 01, 2024 to September 30, 2025
Covered Expenses:	Claims that are Incurred between October 01, 2020 and September 30, 2025 <u>and</u> that Become Due between October 01, 2024 and September 30, 2025

For purposes of Aggregate Stop Loss, amounts attributable to claim base state surcharges, covered lives assessment and cost containment fees, as applicable, shall not be considered to be an excluded expenses of the Policyholder or Claim Administrator and as such shall be considered Covered Expenses.

Monthly Premium Rates: For each covered employee	\$7.02
Aggregate Stop Loss Benefit Percentage Payable:	100%
Aggregate Individual Stop Loss Limit:	\$200,000.00

## **Benefit Plans Covered by Aggregate Stop Loss Coverage:**

Claim Administrator	Product
Cigna	HRA Open Access Plus
Cigna	Mental Health/Substance Use Disorders
Cigna	OAP In-Network
Cigna	HDHP Open Access Plus - Retirees
Cigna	Pharmacy Expense

**Cigna's Maximum Liability for the Aggregate Stop Loss coverage:** Unlimited for the Policy Year

Corridor Factor:	120%
Minimum Attachment Point:	\$15,936,193.00
Minimum Attachment Percentage:	100%
Minimum Attachment Lagged Month:	Two Months prior to the Policy Year's first Policy Month
Lagged Month:	Two Months Prior

#### Monthly Attachment Factor (for each Covered Person):

Claim Administrator	Product	
Cigna	HDHP Open Access Plus	\$2,476.30
	Retirees	
Cigna	HRA Open Access Plus	\$1,464.30
Cigna	OAP In-Network - Buy Up	\$1,523.96
Cigna	OAP In-Network - Core	\$1,353.61

### Minimum Run-Out Period Attachment Point: \$2,656,032.00

**Run-Out Period Attachment Point:** Is determined in the year of termination and is the greater of; (1) The number of Covered Persons enrolled during the Lagged Month, 2 months prior to termination, in each product and plan design in the Benefit Plan multiplied by the Terminal Attachment Factor; or (2) the Minimum Run-Out Period Attachment Point.

#### **Terminal Attachment Factor (for each Covered Person):**

Cigna	HDHP Open Access Plus -	\$412.72
	Retirees	
Cigna	HRA Open Access Plus	\$244.05
Cigna	OAP In-Network - Buy Up	\$253.99
Cigna	OAP In-Network - Core	\$225.60

## Additional exclusions from Aggregate Stop Loss Coverage:

• Funds, if any, contributed by the company or an employee as part of a Health Reimbursement Account, Health Savings Account or Flexible Spending Account.

Payment of premium is considered acceptance of this policy and the terms within.

Agreed to by the Policyholder, dated on\_\_\_\_\_

By:\_\_\_\_\_ Policyholder Signature

Title

ATTEST:

CITY OF DELRAY BEACH

By: \_\_\_\_\_

Katerri Johnson, City Clerk

Terrence R. Moore, ICMA-CM

Approved as to form and legal sufficiency:

Lynn Gelin, City Attorney