



Cigna HealthCare

Financial Proposal

for

City of High Point

211 S. Hamilton Street P.O. Box 230

High Point, NC 27261

SIC Code: 9199

Account Number: 3319524

Total Eligible Employees:	1500	Participating Subscribers:	1396
Employer Contributions - Employee:	100%	Employer Contributions - Dependent:	40%
Waiting Period:	Coverage effective on 1st day		
Eligibility Definition:	Active Employees working 27 hours per week including part-time. Employee coverage terminates on the last day of employment. Dependents to age 26 (termination of coverage on birth date). Elected officials and Pre65 Retirees.		

Effective Date: January 01, 2019

Note: The Quoted rates are subject to final Underwriting approval and, as noted below, are subject to change in the event of changes in benefits selected or changes in the risk factors upon which the Quoted Rates are based. In addition, state law may require regulatory approval of rates. If required regulatory approval has not been obtained on the proposed effective date, the healthplan shall use rates that are consistent with its then currently approved rating methodology and the quoted rates shall be effective immediately on the date for which they are approved for use. The Quoted Rates are guaranteed while the Group Service Agreement remains in effect until the next anniversary date, unless enrollment changes by 10% in which case Cigna HealthCare may change the Quoted Rate.

Date: May 29, 2018

City of High Point

Effective Date: January 01, 2019



Renewal		
Cigna PLAN OFFERED		
Product	Open Access Plus - Pre65 Retirees Single Option	Open Access Plus - Active / Cobra Single Option
Plan Offering	Pre65 Retirees Sold	Actives Sold 2018
Plan Name	2018 Plan (7332947)	Plan (7332948)
Medical Management Model	Preferred Care	Preferred Care
Health Advocacy	Included	Included
Situs	NC	NC
Funding	Fully Insured	Fully Insured
Cigna MEDICAL BENEFITS*		
Collective Deductible	NO	NO
Collective OOP	NO	NO
Combined Medical/Pharmacy Ded/OOP	Combined OOP Only	Combined OOP Only
Deductible/OOP Max Accumulator	One Way Accumulation	One Way Accumulation
Variable Coinsurance Applies	YES	YES
Plan Deductible Order of Applicability	Benefit Copay, Plan Deductible, Coinsurance	Benefit Copay, Plan Deductible, Coinsurance
In-Network:		
Office Copay - PCP	\$35	\$35
Office Copay - SPC	\$60	\$60
Inpatient Deductible - Per Admit	NA	NA
Inpatient Deductible - Per Day	NA	NA
Outpatient Facility Copay	None	None
Emergency Room Copay	\$150	\$150
Urgent Care Copay	\$75	\$75
Advanced Radiology Imaging Copay - Office	None	None
Advanced Radiology Imaging Copay - Outpatient	None	None
Deductible - Individual	\$1,000	\$1,000
Deductible - Family	\$2,000	\$2,000
Out-of-Pocket - Individual	\$4,500	\$4,500
Out-of-Pocket - Family	\$9,000	\$9,000
Out-of-Pocket - Family - Individual Amount	\$4,500	\$4,500
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate Variable	All Copays Accumulate Variable
Coinsurance	100%	100%
PCP Office Visits	100%	100%
Specialist Office Visits	80%	80%
Inpatient Hospital Facility	80%	80%
Outpatient Hospital Facility	80%	80%
Inpatient Professional Services	80%	80%
Outpatient Professional Services	80%	80%
Emergency Room	100%	100%
Urgent Care	100%	100%
Laboratory Services at an Outpatient Facility	80%	80%
Laboratory Services at an Independent Lab Facility	100%	100%
Radiology Services at an Outpatient Facility	80%	80%
Medical Specialty Drugs at an Outpatient Facility	80%	80%
Medical Specialty Drugs at a Physician's Office	80%	80%
Medical Specialty Drugs at Home Setting	80%	80%
Out of Network:		
Deductible - Individual	\$2,000	\$2,000
Deductible - Family	\$4,000	\$4,000
Out-of-Pocket - Individual	\$9,000	\$9,000
Out-of-Pocket - Family	\$18,000	\$18,000
Out-of-Pocket - Family - Individual Amount	\$9,000	\$9,000
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate Variable	All Copays Accumulate Variable
Coinsurance	70%	70%
PCP Office Visits	70%	70%
Specialist Office Visits	70%	70%
Inpatient Hospital Facility	70%	70%
Outpatient Hospital Facility	70%	70%
Inpatient Professional Services	70%	70%
Outpatient Professional Services	70%	70%
Emergency Room	100%	100%
Urgent Care	100%	100%
Laboratory Services at an Outpatient Facility	70%	70%
Laboratory Services at an Independent Lab Facility	70%	70%
Radiology Services at an Outpatient Facility	70%	70%
Medical Specialty Drugs at an Outpatient Facility	70%	70%
Medical Specialty Drugs at a Physician's Office	70%	70%
Medical Specialty Drugs at Home Setting	70%	70%
Maximum Reimbursable Charge	Option 2	Option 2
Inpatient Deductible - Per Admit	NA	NA
Inpatient Deductible - Per Day	NA	NA
Outpatient Facility Deductible	None	None
MRC Fee Schedule Percentage (Professional)	110%	110%
MRC Fee Schedule Percentage (Facility/Ancillary)	110%	110%
Pharmacy Benefits (G/B/NPB/4th Tier)		
Pharmacy Network	Focused 80 - CVS	Focused 90 - CVS
Formulary/PDL	Standard	Standard
Retail Copay	\$15/\$35/\$60	\$15/\$35/\$60
Retail Copay (90 Days)	\$30/\$70/\$120	\$30/\$70/\$120
Home Delivery Drug Copay	\$30/\$70/\$120	\$30/\$70/\$120
Deductible	None (\$0)	None (\$0)
Out-of-Pocket Max	Combined With Medical	Combined With Medical
Mental Health/Substance Use Disorder (Yes/No)		
	Yes	Yes
Vision Rider (Yes/No)		
	No	No

*High level benefit summary. Please see your plan summary for a more detailed benefit description. If this proposal includes Cigna Care Network, the level of in-network benefits applicable may vary from what is shown above.

Cigna Healthcare Financial Exhibit for:
City of High Point
 Effective Date: January 01, 2019

Renewal

Cigna PLAN OFFERED						
Product	Open Access Plus - Pre65 Retirees					
Plan Offering	Single Option					
Plan Name	Pre65 Retirees Sold 2018 Plan					
Situs	NC					
	Pre65 Retirees (COOAPA, NCOAPB, NCOAPH, SCOAPE, TNOAPA, GAOAPI, NCOAPC, NCOAPF,					
	Subscribers	Members	Current Rate	Renewal Rate	Monthly Billed Amount	Change
Employee	50		\$673.03	\$683.65	\$34,182.50	1.58%
Emp + Spouse	14		\$1,469.23	\$1,492.43	\$20,894.02	1.58%
Emp + Child(ren)	4		\$1,409.33	\$1,431.59	\$5,726.36	1.58%
Emp + Family	12		\$1,917.46	\$1,947.74	\$23,372.88	1.58%
Monthly Billed Amount	80	132			\$84,175.76	
Cigna PLAN OFFERED						
Product	Open Access Plus - Active / Cobra					
Plan Offering	Single Option					
Plan Name	Actives Sold 2018 Plan					
Situs	NC					
	Active EES (NCOAPB, VAOAPD, NCOAPA, NCOAPC, NCOAPE, NCOAPF, NCOAPG)					
	Subscribers	Members	Current Rate	Renewal Rate	Monthly Billed Amount	Change
Employee	649		\$560.77	\$569.62	\$369,683.38	1.58%
Emp + Spouse	144		\$1,223.60	\$1,242.91	\$178,979.04	1.58%
Emp + Child(ren)	232		\$1,173.13	\$1,191.65	\$276,462.80	1.58%
Emp + Family	291		\$1,596.51	\$1,621.71	\$471,917.61	1.58%
Monthly Billed Amount	1316	2733			\$1,297,042.83	

Included in the proposed Monthly Billed Amount is the Benefit Advisor Fee which is not of the part the monthly premium.

Cigna Healthcare Financial Exhibit for:
City of High Point
 Effective Date: January 01, 2019

Total Paid Claims

Month	Billed Premium	FFS Medical	Drugs	Fixed Charges	Opt Out	Total	Lagged Med EES	Lagged Med Members
May 2017	\$1,268,658.21	\$855,300.89	\$307,802.20	\$5,985.74	\$2,498.64	\$1,171,587.47	1389	2899
Jun 2017	\$1,265,589.18	\$758,488.33	\$399,884.03	\$6,128.35	\$4,239.54	\$1,168,740.25	1385	2891
Jul 2017	\$1,262,284.46	\$722,187.86	\$356,846.78	\$4,833.52	\$9,633.70	\$1,093,501.86	1383	2890
Aug 2017	\$1,270,829.05	\$1,068,171.13	\$338,402.75	\$4,868.26	\$3,813.18	\$1,415,255.32	1400	2904
Sep 2017	\$1,270,810.76	\$1,035,068.93	\$360,291.80	\$4,797.67	\$364.56	\$1,400,522.96	1400	2901
Oct 2017	\$1,271,650.62	\$701,418.71	\$377,695.99	\$5,393.06	\$14,696.45	\$1,099,204.21	1404	2903
Nov 2017	\$1,268,827.94	\$686,088.78	\$355,689.07	\$5,893.38	\$1,505.52	\$1,049,176.75	1402	2898
Dec 2017	\$1,261,317.84	\$807,647.99	\$351,005.80	\$5,275.86	\$490.43	\$1,164,420.08	1395	2883
Jan 2018	\$1,260,642.17	\$657,264.21	\$402,455.50	\$8,731.39	\$2,110.77	\$1,070,561.87	1398	2883
Feb 2018	\$1,271,915.14	\$825,295.05	\$374,669.28	\$6,298.69	\$4,090.75	\$1,210,353.77	1407	2908
Mar 2018	\$1,354,503.41	\$810,771.56	\$312,166.65	\$6,679.63	\$149.18	\$1,129,767.02	1391	2865
Apr 2018	\$1,349,403.56	\$681,888.12	\$306,304.52	\$6,982.55	-\$3,755.55	\$991,419.64	1387	2858

Paid Claims PMPM	\$402.63
Deductible Maturation	1.0022
Subtotal	\$403.53
Demographic Adjustment	0.9981
Adjusted Paid Claims PMPM	\$402.77
Billed Premium PMPM	\$443.34
Adjusted Paid Loss Ratio	90.85%

Quarterly Claims Summary

Last Months	Paid Claims	No. of lagged Members	Claims PMPM	In Quarter Claims	In Quarter PMPM
12	\$13,964,511.20	34683	\$402.63	\$3,433,829.58	\$395.60
9	\$10,530,681.62	26003	\$404.98	\$3,914,982.49	\$449.58
6	\$6,615,699.13	17295	\$382.52	\$3,284,158.70	\$379.06
3	\$3,331,540.43	8631	\$386.00	\$3,331,540.43	\$386.00

This report excludes Community Rated members and claims.

If you have elected not to receive Identifiable Health Information, this report complies with your election. Nevertheless, please note that you may have responsibilities under law to determine whether the information contained in this report could be used to identify individuals either when combined with other information that you have or in any other manner and, if so, to take appropriate protective steps.

This information is privileged and confidential and should not be shared with other healthcare companies.

**Premium has not been audited and should be used for analytical purposes only.*

In determining future renewal rate actions, the claim experience reflected in this report may be used in full or in part subject to standard credibility guidelines.



Large Claims Analysis

Claimants Over \$25,000 Included in Paid Claims

Active/ Termed	EE/ DEP	Diagnosis	Amount
Active	DEP	OTHER HEART DISEASE	\$698,538.41
Active	DEP	PNEUMONIA AND INFLUENZA	\$381,986.14
Active	EE	CARE AND TREATMENT - NEOPLASM	\$300,386.01
Active	DEP	NUTRITIONAL & METABOLIC	\$241,198.02
Active	DEP	COMPLICATIONS OF SURGICAL/MED CARE	\$183,401.87
Active	DEP	HYPERTENSIVE	\$168,901.05
Active	DEP	NEUROLOGICAL - CENTRAL NERVOUS SYS	\$165,141.60
Termed	EE	UPPER URINARY TRACT	\$152,318.22
Active	EE	LEUKEMIA	\$139,627.80
Active	EE	CARE AND TREATMENT - NEOPLASM	\$132,087.51
Active	DEP	CONDITIONS OF PREG/LABOR/DELIVERY	\$107,107.66
Active	EE	OTHER NEOPLASMS	\$105,293.21
Active	EE	VIRAL DISEASE	\$98,008.59
Active	EE	STOMACH, INTESTINE AND PANCREAS	\$95,924.52
Active	EE	OTHER HEART DISEASE	\$92,540.33
Active	DEP	ATHEROSCLEROSIS	\$89,112.27
Active	DEP	NEUROLOGICAL - CENTRAL NERVOUS SYS	\$86,581.08
Active	EE	SPRAINS/STRAINS	\$85,490.52
Active	EE	FEMALE BREAST NEOPLASM	\$82,891.03
Active	EE	OTHER FACTORS AFFECTING HEALTH STATUS	\$82,649.22
Active	DEP	CEREBROVASCULAR	\$79,810.14
Active	EE	SPRAINS/STRAINS	\$71,894.89
Active	EE	STOMACH, INTESTINE AND PANCREAS	\$69,744.94
Active	EE	DIABETES	\$68,185.01
Active	DEP	STOMACH, INTESTINE AND PANCREAS	\$63,468.13
Termed	DEP	JOINT	\$62,762.27
Active	EE	COMPLICATIONS OF SURGICAL/MED CARE	\$62,275.78
Active	EE	MALE - PROSTATE	\$62,004.44
Active	EE	NEUROLOGICAL - CENTRAL NERVOUS SYS	\$61,191.16
Active	EE	ATHEROSCLEROSIS	\$61,052.85
Active	DEP	OTHER SKIN INFLAMMATION	\$59,016.00
Active	EE	JOINT	\$58,430.11
Active	DEP	BACK	\$55,608.75
Active	EE	OTHER HEART DISEASE	\$54,354.73
Active	EE	ANEMIA	\$54,128.70
Active	DEP	OTHER UPPER RESP INCL NOSE & THROAT	\$53,469.29
Active	EE	JOINT	\$52,858.62
Active	DEP	OTHER HEART DISEASE	\$50,367.99
Active	DEP	STOMACH, INTESTINE AND PANCREAS	\$49,839.88
Active	EE	JOINT	\$48,183.85
Active	DEP	CONDITIONS OF PREG/LABOR/DELIVERY	\$48,168.35
Termed	EE	CEREBROVASCULAR	\$46,927.17
Termed	DEP	CONDITIONS OF PREG/LABOR/DELIVERY	\$46,673.55
Active	EE	BACK	\$46,659.88
Active	EE	NEUROLOGICAL - CENTRAL NERVOUS SYS	\$46,527.78
Active	DEP	UPPER URINARY TRACT	\$45,617.38
Active	EE	GALLBLADDER AND DUCT DISEASES	\$44,601.16
Active	EE	GENERAL DIAGNOSES	\$44,104.29
Active	EE	NON-MALIGNANT BREAST DISORDERS	\$43,941.95
Active	EE	CARE AND TREATMENT - NEOPLASM	\$42,458.48
Active	DEP	FRACTURES/DISLOCATIONS	\$41,738.08
Termed	DEP	BENIGN NEOPLASMS	\$41,163.75
Active	DEP	FEMALE - OTHER GENITAL	\$39,285.82
Active	EE	STOMACH, INTESTINE AND PANCREAS	\$39,103.67
Active	DEP	OTHER UPPER RESP INCL NOSE & THROAT	\$37,477.59
Active	DEP	FRACTURES/DISLOCATIONS	\$37,418.97

Cigna Healthcare Financial Exhibit for:
City of High Point
 Effective Date: January 01, 2019

Experience Build-Up		
Renewal Effective Date	1/1/2019	
Experience Period	05/01/17 - 04/30/18	
	PMPM	Annual \$
Cost Share	14.29%	14.29%
MMOS for Credibility	34,683	34,683
Total Months of Experience	12	12
Adjusted Paid Claims*	\$402.77	\$13,969,414.91
Less Claims Over \$200,000	\$46.77	\$1,622,108.58
Experience Claim Cost	\$356.00	\$12,347,306.33
Benefit Change	0.9505	0.9505
Annual Trend	7.51%	7.51%
Midpoint Months	22	22
Effective Trend	14.25%	14.25%
Projected claims in excess of \$200,000	\$30.76	\$1,066,849.08
Add back claims up to \$200,000	\$23.07	\$800,000.00
Expected Medical Costs	\$440.45	\$15,275,987.30
Average Members in Experience Period	2,890	2,890
Current Members	2,865	2,865
Adjusted Expected Medical Costs	\$440.45	\$15,142,532.17
Target Loss Ratio	91.36%	91.36%
Benefit Advisor Fees(Not part of the Insurance Premium)	0.00%	0.00%
Experience Based Premium & Fees	\$482.10	\$16,574,575.50
Current Premium & Fees	\$474.61	\$16,317,075.13
Experience Based Rate Increase**	1.58%	1.58%
*May reflect adjustments to claim experience to account for demographics, membership shifts, completion, maturation and deductible maturation		
**Includes Benefit Advisor Fee that is not part of the insurance premium		

Pool Increase %	
Adjusted pool increase	14.86%

Credibility-weighted increase		Credibility
Experience Based Rate Increase	1.58%	100.00%
Pool Increase %	14.86%	0.00%
Blended Rate Increase	1.58%	
Adjustment	0.00%	
Quoted Change in Billed Amount***	1.58%	
Projected Billed Premium & Service Fees	\$482.10	\$16,574,575.50
***Includes 0% attributable to assessments mandated under PPACA: Patient-Centered Outcomes Research Fee, Annual Fee on Health Insurance Providers and Reinsurance Assessment		
Renewal Premium excludes commissions		
Current Premium excludes commissions		

PROPOSAL TERMS AND CONDITIONS for Proposal: Renewal

A. General Terms of this Proposal

Cigna HealthCare is pleased to present this Proposal for a Fully Insured Non-Participating group medical and pharmacy benefit plan (the "Plan") sponsored by City of High Point. This proposal is valid for 60 days from its original date of release, 06/01/2018. Any revisions or updates to this proposal will not renew this valid timeframe unless expressly communicated by Cigna HealthCare.

Proposal Caveats

Cigna HealthCare may revise or withdraw this Proposal if:

- 1 there is a change to the effective date of the quote.
- 2 the policy period length is different than 12 months.
- 3 the policy will not be situated in NC.
- 4 the Plan benefits are different than shown in the RFP or benefit modifications are requested.
- 5 there is a change in any law, regulation, or required assessment or tax that changes Cigna HealthCare's costs in offering the plan.
- 6 enrollment increases or decreases by 10% or more, by product or for the total account, from the enrollment assumptions used in establishing the rates and/or fees set forth herein.
- 7 the final enrollment deviates from the quoted enrollment such that it results in a needed change in premium rates. Rates are based on final enrollment factors, including total number of enrollees, their age, sex, demographics, location and the distribution of enrollees by product or by customer tier.
- 8 enrollment in the Cigna HealthCare administered plan is less than 50% of the total eligible population identified as 1500
- 9 any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.
- 10 it is not the exclusive provider of Medical / Pharmacy/ Vision or like products for all of City of High Point's employees in all worksites.
- 11 the employer contributes less than 50% toward the total cost of the plan.
- 12 the employer changes its level of contribution toward the cost of the coverage.
- 13 either one or more of the quoted sites withdraws prior to the effective date or terminates during the contract term, or at any time following enrollment.
- 14 the current waiting period is different than Cove.
- 15 Federal, State or Local action impacting the benefit levels quoted herein or affecting our ability to meet our obligations to you, to your employees/our customers or to our contracted providers. By way of illustration, such legislation or executive actions which impose controls or requirements that affect: our ability to determine rates; covered medical expenses or service benefits; providers delivery of care or the fees they charge; or our contracts with providers, may be deemed to so affect our contractual obligations. Should this happen, Cigna HealthCare will make a good faith effort to work to reach a new agreement that equitably reflects the circumstances as altered by government action.
- 16 there is any reimbursement arrangement ("gap" cards, etc.) that subsidizes or reduces the out-of-pocket obligation of covered persons under the policy.
- 17 Client confirmation of employee counts reveal the group to be a Small Employer, as defined under the Patient Protection and Affordable Care Act, and accordingly Cigna HealthCare is not able to offer a PPACA compliant plan.

B. Scope and Application of this Proposal

Unless otherwise indicated, this Proposal:

- 1 supersedes and renders null and void any prior Cigna HealthCare offer or proposal with respect to the Plan.
- 2 or policy may be canceled as of any Premium Due Date if the number of insured Employees fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules.
- 3 includes fixed charges for behavioral care services arranged by Cigna Behavioral Health, Inc. However, this may not apply in certain states
- 4 includes capitated charges for the provision of Hi-Tech Radiology services by eviCore (formerly known as MedSolutions, Inc.). However, this may not apply in certain states.
- 5 includes charges made by third parties for care management programs to contain the cost of specific health services/items and/or improve adherence to evidence-based guidelines to promote patient safety and efficient care (e.g., charges for management of diagnostic cardiology, radiation therapy, musculoskeletal procedures and medical oncology) when applicable.
- 6 includes Cigna's One Guide digital and customer guidance solution.
- 7 requires a separate benefit option due to state regulations, if you have purchased any product with Cigna HealthCare Behavioral Advantage and you have customers residing in NC or CA.
- 8 does not apply to part-time or seasonal employees for any plan.
- 9 Medicare eligible retirees are not included in this plan unless mandated by situs state legislation.
- 10 includes the Network Savings Program (NSP) and other Cost Containment programs designed to contain costs with respect to charges for health care services/supplies that are covered by the Plan. For administering these programs, Cigna retains a portion of the savings or recoveries generated.
- 11 excludes charges for converting a qualified customer of a group plan to an individual plan.
- 12 includes a maximum reimbursable charge for out-of-network coverage equal to 110% of a fee schedule developed by Cigna HealthCare based upon a methodology similar to that used by Medicare to determine the allowable fee for similar services in the geographic market OR 80th percentile of charges made by providers of such service or supply in the geographic area where the service is received.
- 13 assumes all employees are located in the network area, and that all employees are only eligible for the Cigna HealthCare or any other affiliated company product offerings specified.
- 14 requires you notify us within 30 days if any information set forth in this form changes at any time while coverage is provided to you by Cigna HealthCare.
- 15 may require regulatory approval of rates. If, as of their proposed effective date, regulatory approval is not obtained, the healthplan shall use rates consistent with its then currently approved rates and the foregoing rates shall be effective automatically. If a product is new and has never had approved rates, the effective date of coverage will be postponed until regulatory approval is received.
- 16 allows caveats and conditions set forth in this document to survive execution of any final contract and/or issuance by Cigna HealthCare of any policy and/or Group Service Agreement.
- 17 assumes that Cigna HealthCare's standard insurance policy form approved for use in the applicable state by the state insurance regulator will be issued. Because the insurance policy and certificate terms require regulatory approval, there is very little flexibility to change the provisions. The provisions of the insurance policy and certificate will control in the event of a conflict with the terms of the request for proposal and the Proposal.
- 18 is a high-level summary of the proposed coverage. It does not identify all the categories of health care expenses that are covered or excluded.
- 19 may include state required continuation rates which will match the rates for the underlying plan. For Nebraska and New York Over Age Dependents the rates will match the employee rate for the underlying plan.
- 20 Cigna HealthCare assumes that the group health plan or health insurance coverage to which this proposal applies will not be a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Act") and that it will be subject to all requirements of the Act applicable to a group health plan or health insurance coverage unless otherwise specified in writing.
- 21 includes applicable Patient Protection and Affordable Care Act fees and assessments imposed upon health insurers including the Comparative Effectiveness Research Fee and the Health Insurance Industry Fee.



Gap Fund Acknowledgement

Are your employees reimbursed for their co-payments, co-insurance cost, deductibles or out of pocket expenses?

If so, please let us know the details below. If not, please still confirm and sign below.

We assume NO subsidization or reimbursement for any portion of the employees' cost-sharing responsibilities. And that's how we set the premium rates/charges for all benefit plans insured and/or administered for you by Cigna HealthCare companies ("Cigna HealthCare, we, us").

Subsidization/reimbursement is also known as "Gap Funding". That is because employees receive money to fund the gap between their cost-share responsibility and Cigna HealthCare's payments.

Do you offer any of these plans? ☒ YES ☐ NO

- Health Savings Account (HSA)
- Health Reimbursement Account (HRA)
- Other means to reimburse employees for health plan expenses

If YES, please confirm the following:

- How much is the employer funding amount? ___ up to \$360 annually___
- What is the reimbursement order? Does the HSA and/or HRA fund pay first, or something else? ___The Healthy Awards Account pays first. ___
- Is there an annual rollover provision for the fund? ☒ YES ☐ NO
- Any changes in employer funding in the past year or future year? ☐ YES ☒ NO
- If YES, please provide details: _____

Please notify Cigna HealthCare prior to implementing any "Gap Funding" program. Cigna HealthCare will determine if we need to change the premium rates/charges both now and in the future based on the information you provide.

Please affirm that the above information is true and complete. Thanks!

City of High Point

Date: 8/21/2018

By: *Aug Danko*

Title: City Manager