CITY OF HIGH POINT
AGENDA ITEM

Title: Cigna Contract Renewal – Employee Health Care

From: Angela Kirkwood, Director of Human Resources

Meeting Date: September 16, 2019

Public Hearing: N/A

Advertising Date
Advertised By: N/A

Attachments: Cigna Healthcare Contract

PURPOSE:
Renew the contract between Cigna Healthcare and the of City of High Point for city employee's healthcare coverage plan year of January 1, 2020 to December 31, 2020.

BACKGROUND:
The City of High Point offers healthcare coverage to its employees that include medical and dental care products. The plan year runs from January 1st to December 31st. At the Manager's Meeting on Monday, August 19, 2019, Mark Browder of Mark III Employee Benefits, briefed the City Council on the Medical Plan and Dental Plan Renewal options.

BUDGET IMPACT:
Cigna Healthcare medical costs increased by 5.72%. The annual costs are $17,522,641. There was a 5.72% increase in the Cigna's dental coverage, and the annual cost are $845,760. Funds are available in the 2019-2020 Annual Budget for this contract.

RECOMMENDATION / ACTION REQUESTED:
Council is requested to authorize the City Manager to execute a twelve (12) month contract with Cigna Healthcare for healthcare coverage for city employees. Contract will be effective January 1, 2020, to December 31, 2020.

Cigna.

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:**	1426
Employer Contributions - Employee:	Multiple	**Employer Contributions - Dependent:**	Multiple
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, 2020

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: September 09, 2019

Cigna Healthcare Financial Exhibit for:

City of High Point

Effective Date: January 01, 2020

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Pre65 Retirees and Dual Option

Cigna PLAN OFFERED		
	Open Access Plus Pre65 Retirees	Open Access Plus Active / Cobra
Plan Offering	Single Option	Single Option
Plan Name	Pre65 Retirees Sold 2019 Plan (8840142)	Actives Sold 2019 Pain (8840143)
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	All Copays Accumulate
Coinsurance	Variable	Variable
PCP Office Visits	100%	100%
Specialist Office Visits	100%	100%
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	100%	100%
Laboratory Services at an Independent Lab Facility	100%	100%
Radiology Services at an Outpatient Facility	100%	100%
Medical Specialty Drugs at an Outpatient Facility	80%	80%
Medical Specialty Drugs at a Physician's Office	100%	100%
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	All Copays Accumulate
Coinsurance	Variable	Variable
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 90 - 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, 2020

Cigna.

Pre65 Retirees and Dual Option

Cigna PLAN OFFERED	
Plan Offering	CIGNA HealthCare - Choice Fund HSA Open Access Plus
Plan Name	Dual Option
Medical Management Model	Proposed HSA GC (8840146)
Health Advocacy	Preferred Care
Situs	Excluded
Funding	NC
	Fully Insured
Cigna MEDICAL BENEFITS*	
Collective Deductible	YES
Collective OOP	NO
Combined Medical / Pharmacy Ded / OOP	Combined Ded & OOP
Deductible/OOP Max Accumulator	No Cross Accumulation
Variable Coinsurance Applies	NO
Plan Deductible Order of Applicability	Plan Deductible, Benefit Copay, Coinsurance
In-Network:	
Office Copay - PCP	None
Office Copay - SPC	None
Deductible - Individual	$1,500
Deductible - Family	$3,000
Out-of-Pocket - Individual	$3,500
Out-of-Pocket - Family	$5,000
Out-of-Pocket - Family - Individual Amount	$3,500
Out-of-Pocket Max Deductible	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	80%
Adult Preventive Care	100%, No Ded
Out of Network:	
Deductible - Individual	$3,000
Deductible - Family	$6,000
Out-of-Pocket - Individual	$7,000
Out-of-Pocket - Family	$10,000
Out-of-Pocket - Family - Individual Amount	$7,000
Out-of-Pocket Max Deductibles	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	60%
MRC Fee Schedule Percentage (Professional)	110%
MRC Fee Schedule Percentage (Facility/Ancillary)	110%
Pharmacy Benefits (G/B/NPB/4th Tier)	
Pharmacy Network	Focused 90 - CVS
Formulary/PDL	Standard
Retail Copay	$15/$35/$60
Retail Copay (90 Days)	$30/$70/$120
Home Delivery Drug Copay	$30/$70/$120
Deductible	Combined With Medical
Out-of-Pocket Max	Combined With Medical
Mental Health/Substance Use Disorder (Yes/No)	Yes
Vision Rider (Yes/No)	No
Employer Fund Contribution	
Fund Amount - Individual	$750
Fund Amount - Family	$750
Eligible Expense	Included

**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.

Cigna Healthcare Financial Exhibit for:

City of High Point

Effective Date: January 01, 2020

Pre65 Retirees and Dual Option

Cigna PLAN OFFERED			
Plan Offering	Open Access Plus Pre65 Retirees Single Option		
Plan Name	Pre65 Retirees Sold 2019 Plan		
Situs	NC		
	Pre65 Retirees (GAOAPI, KSOAPF, NCOAPB, NCOAPC, NCOAPF,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	46	$879.67	$40,464.82
Emp + Spouse	13	$1,920.31	$24,964.03
Emp + Child(ren)	4	$1,842.03	$7,368.12
Emp + Family	8	$2,506.17	$20,049.36
Monthly Billed Amount	71		$92,846.33

Cigna PLAN OFFERED			
Plan Offering	Open Access Plus Active / Cobra Single Option		
Plan Name	Actives Sold 2019 Paln		
Situs	NC		
	Actives OAP (NCOAPA, NCOAPB, NCOAPC, NCOAPE, NCOAPG,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	665	$591.56	$393,387.40
Emp + Spouse	100	$1,290.78	$129,078.00
Emp + Child(ren)	259	$1,237.53	$320,520.27
Emp + Family	195	$1,684.16	$328,411.20
Monthly Billed Amount	1219		$1,171,396.87

Cigna PLAN OFFERED			
Plan Offering	CIGNA HealthCare - Choice Fund HSA Open Access Plus Dual Option		
Plan Name	Proposed HSA GC		
Situs	NC		
	Actives HSA (NCOAPA, NCOAPB, NCOAPC, NCOAPE, NCOAPG,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	74	$560.19	$41,454.06
Emp + Spouse	11	$1,222.32	$13,445.52
Emp + Child(ren)	29	$1,171.90	$33,985.10
Emp + Family	22	$1,594.85	$35,086.70
Monthly Billed Amount	136		$123,971.38

Note: The fee associated with the administration of the HRA and/or HSA product is excluded from the Rates.

Above rates do not reflect employer liability for fund contributions

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

Cigna Healthcare Financial Exhibit for:

City of High Point

Effective Date: January 01, 2020

Program Administrative Fees

	Fee Type	Enrollment	PEPM Fee
CIGNA HealthCare - Choice Fund HSA Open Access Plus	HSA Administrative Fee	136	$4.50
Open Access Plus	Incentive Program-Motivate Me	1,426	$1.45
Open Access Plus	Healthy Awards Account	1,426	$1.44

Total Program Administrative Monthly Fees **$4,733.14**

For Cigna Healthcare HSA products, the Fees above include the Cigna Healthcare Administrative Fee plus any Additional Options selected.

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PROPOSAL TERMS AND CONDITIONS for Proposal: Pre65 Retirees and Dual Option

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,07/01/2019. 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 situsd 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 life 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 coverage elected by each enrolled employee.
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 Core.
15 Federal, State or Local action impacts the benefit levels quoted herein or affects our ability to meet our obligations to you, to your covered 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, the coverage reflected in 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 KC 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 excludes all fund amounts for Cigna Choice Fund products (HRA/HSA) from projected claims and premium, as those amounts are strictly the liability of City of High Point
14 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.
15 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.

16 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.
17 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.
18 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.
19 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.
20 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.
21 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.
22 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.
23 Assumes a non-Cigna HealthCare Pharmacy Benefit Manager administers oral or other self-administered anti-cancer prescription medication claims at a copayment/coinsurance level that is no less favorable than that for intravenous or injected anti-cancer medication prescribed for the same purpose and covered under employer's Cigna HealthCare plan. This assumption is applicable only if: (a) employer has contracted with a PBM (not Cigna HealthCare); (b) employer's plan is either insured, or, if self-funded, not subject to ERISA (i.e., is a church, government or association plan); and (c) employer's Cigna HealthCare plan is situsd in IA, HI, NM, OR, NJ, NE, VA, MA, NV, FL, ME, GA or a state with similar chemotherapy coverage law, or covers one or more individuals residing in CO, OK, VT, WA, TX, LA, MO or OH or in a state with similar extraterritorial chemotherapy coverage mandate.

24 establishes a Wellness/Health Improvement Fund (the "Fund") in the amount of $75000.00 for clinical/wellness/behavioral programs offered by Cigna HealthCare. These funds shall be used to defray the cost of Cigna HealthCare designated and arranged health and wellness improvement programs for employees (e.g., biometric screenings, flu shots, etc.) and to reward participation in these programs. The Fund may be accessed during the period from 01/01/2020 - 12/31/2020. The Fund may not be accessed following notice of termination of the Cigna HealthCare agreement. Unused funds cannot be rolled over and Cigna HealthCare must pre-approve use of the Fund.
25 Important Notice Regarding Benefit Advisor Compensation - The premium for this guaranteed cost (i.e., non-Shared Returns) policy may not include compensation payable to your benefit advisor. Check with your Cigna Sales representative to confirm whether this is the case. When that is the case, the proposed billed amount includes both premium and benefit advisor fees, which are not part of the monthly premium and Cigna will include any benefit advisor fees agreed to by the client and benefit advisor on client invoices and forward payments received to the benefit advisor if both the client and the benefit advisor authorize Cigna to do so by signing Cigna's Client and Benefit Advisor Acknowledgement Form. When required, this form must be signed before the date when the new rates take effect. If the form is not signed, the benefit advisor will be responsible for billing the client directly for any benefit advisor fees.

26 This proposal made by Cigna HealthCare is contingent upon: Cigna HealthCare's receipt of the following information: -Completed medical history questionnaire prior to the policy effective date.
27 assumes that any non-voluntary vision benefit that is included in the medical plan and not provided through a separate policy is subject to ACA requirements.

28 does not apply to individuals unless employed by the policyholder or an entity that participates in an association or trust that is the policyholder.
o ADDITIONAL GENERAL TERMS OF THIS PROPOSAL:
29 This information contained in this Proposal by Cigna HealthCare is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.

C. Additional Representations & Disclosures

1 Each plan presented in this proposal has an actuarial value, determined by Cigna HealthCare, of 60% or greater. This determination was made using Cigna HealthCare's manual rating application which may produce an actuarial value slightly different than the official HHS calculator. Although we would expect any deviation to be small, you will have to consult with your actuarial consultant for a more precise determination of the plan's actuarial value. Cigna HealthCare does not provide actuarial certifications.
2 In order to implement the requested benefit design, different funding arrangements (i.e., insured, self-insured and/or HMO) involving affiliated Cigna companies may be required with respect to plan participants residing in certain states.
3 Cigna HealthCare may have an agreement with your benefit advisor, under which the benefit advisor may be paid for providing marketplace intelligence or for the performance of administrative services. The qualification for and amount of this payment may be based upon overall business growth and/or retention levels. Any such payment is funded through Cigna HealthCare's general overhead.
4 the benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna HealthCare's general overhead.

5 Cigna HealthCare sponsors programs to inform benefit advisors about Cigna HealthCare's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna HealthCare's general overhead.

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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

City copay reimbursement for HTN, cholesterol and diabetic presriptions (up to $15 per script)

If YES, please confirm the following:

- How much is the employer funding amount? _HSA $750 annually beginning 2020 plan year and HRA 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: _ City HSA contribution $750 annually beginning 2020 plan year

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: _____

By: _____

Title: _____