

Cindy



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 30 hrs		

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: July 01, 2019



Pre65 Retirees and Dual Option

Cigna PLAN OFFERED	Open Access Plus Pre65 Retirees Single Option Pre65 Retirees Sold 2019 Plan (8840142) Preferred Care Included NC Fully Insured	Open Access Plus Active / Cobra Single Option Actives Sold 2019 Plan (8840143) Preferred Care Included NC Fully Insured
Cigna MEDICAL BENEFITS		
Plan Offering		
Plan Name		
Medical Management Model		
Health Advocacy		
Situs		
Funding		
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.

City of High Point

Effective Date: January 01, 2020



Pre65 Retirees and Dual Option

Cigna PLAN OFFERED	CIGNA HealthCare - Choice Fund HSA Open Access Plus Dual Option Proposed HSA GC (8840146)
Plan Offering	Dual Option
Plan Name	Proposed HSA GC (8840146)
Medical Management Model	Preferred Care
Health Advocacy	Excluded
Situs	NC
Funding	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 Healthcare Financial Exhibit for:
City of High Point
 Effective Date: January 01, 2020

Cigna PLAN OFFERED			
Plan Offering Plan Name Situs	Open Access Plus Pre65 Retirees Single Option OAP - Pre65 Retirees NC		
	Pre65 Retirees (GAOAPI, KSOAPF, NCOAPB, NCOAPC,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	46	\$713.13	\$32,803.98
Emp + Spouse	13	\$1,556.78	\$20,238.14
Emp + Child(ren)	4	\$1,493.30	\$5,973.20
Emp + Family	8	\$2,031.73	\$16,253.84
Monthly Billed Amount	71		\$75,269.16
Cigna PLAN OFFERED			
Plan Offering Plan Name Situs	Open Access Plus Active / Cobra Single Option OAP - Actives NC		
	Actives OAP (NCOAPA, NCOAPB, NCOAPC, NCOAPE,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	665	\$599.58	\$398,720.70
Emp + Spouse	100	\$1,308.29	\$130,829.00
Emp + Child(ren)	259	\$1,254.32	\$324,868.88
Emp + Family	195	\$1,707.00	\$332,865.00
Monthly Billed Amount	1219		\$1,187,283.58
Cigna PLAN OFFERED			
Plan Offering Plan Name Situs	CIGNA HealthCare - Choice Fund HSA Open Access Plus Dual Option Proposed HSA Actives NC		
	Actives HSA (NCOAPA, NCOAPB, NCOAPC, NCOAPE,		
	Subscribers	Total Rate	Monthly Billed Amount
Employee	74	\$567.78	\$42,015.72
Emp + Spouse	11	\$1,238.90	\$13,627.90
Emp + Child(ren)	29	\$1,187.81	\$34,446.49
Emp + Family	22	\$1,616.49	\$35,562.78
Monthly Billed Amount	136		\$125,652.89

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.



Program Administrative Fees

	<u>Fee Type</u>	<u>Enrollment</u>
CIGNA HealthCare - Choice Fund HSA Open Access Plus	HSA Administrative Fee	136
Open Access Plus	Incentive Program - Motivate Me	1,426
Open Access Plus	Healthy Awards Account	1,426

Total Program Administrative Monthly Fees

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

Cigna Healthcare Financial Exhibit for:
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Program Administrative Fees

	<u>PEPM Fee</u>
CIGNA HealthCare - Choice Fund HSA Open Access Plus	\$4.50
Open Access Plus	\$1.45
Open Access Plus	\$1.44

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

For Cigna Healthcare HSA products, the Fees above include tthdditional Options selected.



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 prescriptions (up to \$15 per script)

If YES, please confirm the following:

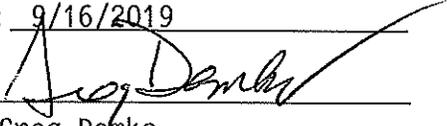
- How much is the employer funding amount? _HSA \$750 annually beginning 2020 plan year and HRA up to \$360 annually_____
- What is the reimbursement order? Does the HSA and/or HRA fund pay first, or something else? _The Healthy Awards Account pays first_____
- Is there an annual rollover provision for 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: 9/16/2019

By: 

Greg Demko

Title: City Manager

