

Office Use Only  
**MASTER CONTRACT NUMBER:**  
C2024-0031

## SERVICES CONTRACT

**THIS CONTRACT** made and entered into this date, \_\_\_\_\_, by and between the City of Branson, Missouri (the "City") and Cigna Healthcare ("**Contractor**").

Witnesseth That:

WHEREAS, the City of Branson desires to engage the Contractor to provide medical, dental, and vision insurance hereafter more particularly incorporated by reference in Exhibits A, B, and C; and

WHEREAS, the Contractor made certain representations and statements to the City with respect to the provision of such services and the City has accepted said proposal.

NOW, THEREFORE, for the considerations herein expressed, it is agreed by and between the City and the Contractor as follows:

1. **Scope Of Work.** The City agrees to engage the services of the Contractor and the Contractor agrees to provide medical, dental, and vision insurance as incorporated by reference in Exhibits A, B, and C.

2. **Addition to Services.** The City and the Contractor may amend the scope of the services set forth in Exhibits A, B, and C. Any amendments shall be in written form and prepared and approved by the appointed City Officials and countersigned by the Contractor.

3. **Exchange of Data.** All information, data, and reports as are existing, available and necessary for the carrying out of the work, shall be furnished to the requesting party without charge, and the parties shall cooperate with each other in every way possible in carrying out the scope of work.

4. **Payment of Services.** The Contractor agrees and binds itself to secure and pay for all personnel, labor, materials and supplies required to perform the services called for under this contract by Contractor. Further, Contractor agrees to the terms of the Client and Benefit Advisor Acknowledgement Form as incorporated by reference in Exhibit D. Such personnel shall not be employees of or have any contractual relationship with the City except as employees of the Contractor. The work required hereunder will be performed by the Contractor or under Contractor's direct supervision and all personnel engaged in the work shall be fully qualified and shall be authorized under state and local law to perform such work. None of the work or services covered by this contract shall be subcontracted without the written approval of the City.

5. **Term.** The Contractor and Client agree to the terms of the contract as incorporated by reference in Exhibits A, B, C.

6. **Costs not to Exceed.** The City is limited by law with respect to the amount of money it can pay. Therefore, the City has established a fixed sum for this contract, as incorporated by reference in Exhibit A, B, and C, which cannot be exceeded unless this contract is amended.

7. **Payment.**

A. **Conditioned upon acceptance.** The Contractor and Client agree to the terms of payment as incorporated by reference in Exhibits A, B, and C.

**B. Total compensation not to exceed.** It is expressly understood that in no event will the total compensation to be paid to the Contractor under the terms of this contract exceed the sums as incorporated by reference in Exhibits A, B, and C.

**8. Termination of Contract.**

**A. Termination for breach.** Failure of the Contractor to fulfill Contractor's obligations under this contract in a timely and satisfactory manner in accordance with the description of work set forth in Exhibits A, B, and C shall constitute a breach of the contract, and the City shall thereupon have the right to immediately terminate the contract. The City shall give written notice of termination to the Contractor by one of three different means: U.S. Postal Service Mails; email transmission; or by hand delivering a copy of the same to the Contractor; or may give notice by any combination of the above methods. The date of termination shall be the date upon which notice of termination is hand delivered to Contractor, or the third day following mailing of the notice of termination, whichever first occurs. In the event of termination for breach, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, parts, materials, and reports or other materials prepared by the Contractor under this contract shall at the option of the City become its property, and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials; provided, that the Contractor shall not be relieved of liability to the City for damages sustained by the City by virtue of any such breach of the contract by the Contractor.

**B. Right to terminate in the absence of breach.** Either party may terminate this contract for any reason, by serving notice of intent to terminate upon the other party by the means specified in paragraph A of this section. Such notice shall specify the date of termination, but in no event shall either party terminate the contract under this provision upon less than thirty (30) days' notice to the other party; provided, that the parties may mutually agree to waive the thirty (30) day requirement and to shorten the time for notice of termination, in the event of termination in the absence of breach.

**C. Surviving Terms.** Notwithstanding any provisions to the contrary, provisions pertaining to liability and indemnity shall survive the termination of this contract.

**9. Conflicts.** Any bidder or signee of this contract shall disclose any financial relationship (direct or indirect) to salaried officer, employee of the City or member of the City Board of Aldermen in writing at the time of the execution of this contract. A violation of this provision renders the contract void. Any federal regulations, and applicable provisions in Section 105.450 et seq. RSMo. shall not be violated. Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of work to be performed under this contract. The Contractor further covenants that in the performance of this contract no person having such interest shall be employed.

**10. Assignment.** The Contractor shall not assign any interest in this contract, and shall not transfer any interest in the same (whether by assignment or novation), without prior written consent of the City thereto. Provided, however, that claims for money due or to become due to the Contractor from the City under this contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of such assignment or transfer shall be furnished in writing promptly to the City. Any such assignment is expressly subject to all rights and remedies of the City under this agreement, including the right to change or delete activities from the contract or to terminate the same as provided herein, and no such assignment shall require the City to give any notice to any such assignee of any actions which the City may take under this agreement, though City will attempt to so notify any such assignee.

11. **Performance.** It is understood by the parties that time is of the essence in this contract.
12. **Discrimination.** The Contractor agrees in the performance of this contract not to discriminate on the ground or because of race, creed, color, national origin or ancestry, sex, religion, handicap, age, or political opinion or affiliation, against any employee of Contractor or applicant for employment and shall include a similar provision in all subcontracts let or awarded hereunder.
13. **General Independent Contractor Clause.** This contract does not create an employee/employer relationship between the parties. It is the parties' intention that the Contractor will be an independent Contractor and not the City's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Missouri revenue and taxation laws, Missouri workers' compensation and unemployment insurance laws. The Contractor will retain sole and absolute discretion in the judgment of the manner and means of carrying out the Contractor's activities and responsibilities hereunder. The Contractor agrees that it is a separate and independent enterprise from the public employer, that it has a full opportunity to find other business, that it has made its own investment in its business, that this agreement shall not be construed as creating any joint employment relationship between the Contractor and the City, and the City will not be liable for any obligation incurred by the Contractor.
14. **City Benefits.** The Contractor shall not be entitled to any of the benefits established for the employees of the City nor be covered by the Worker's Compensation Program of the City.
15. **Liability and Indemnity.** The parties mutually agree to the following:
- A. In no event shall the City be liable to the Contractor for special, indirect, or consequential damages, except those caused by the City's gross negligence or willful or wanton misconduct arising out of or in any way connected with a breach of this contract. The maximum liability of the City shall be limited to the amount of money to be paid by the City under this contract. All of the provisions in the agreement are subject to the terms of Missouri Sovereign Immunity as set forth in section 537.610.2 and 537.610.5 of the Missouri Revised Statutes.
- B. The Contractor shall defend, indemnify, and hold the City harmless from and against all claims, losses, actions, causes of action, demands and liabilities arising out of personal injuries, including death, and damage or impairment to property or any rights which are caused by the Contractor arising out of or in any way connected with this contract. Contractor further agrees to defend, indemnify and hold the City harmless from and against any claims, losses and liabilities arising out of the award of this contract to the Contractor.
- C. The Contractor shall indemnify and hold the city harmless from all wages or overtime compensation due its employees and from any and all claims by Subcontractors in rendering work pursuant to this agreement, including payment of reasonable attorneys' fees and costs in the defense of any claim made under the Fair Labor Standards Act or any other federal or state law.
16. **Notices.** All notices required or permitted herein under and required to be in writing may be given by email or first-class mail addressed to City and Contractor at the addresses or email addresses provided. The date of delivery of any notice given by mail shall be the date falling on the third day after the day of its mailing. The date of delivery of notice by email or mail shall be deemed to be the date transmission occurs.
17. **Use of Electronic Signatures.** The Contractor agrees to the electronic execution and delivery of any agreement, contract or purchase order resulting from the acceptance of a bid and

that any electronic signatures are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

18. **Jurisdiction.** This contract and every question arising hereunder shall be construed or determined according to the laws of the State of Missouri. Should any part of this agreement be litigated, venue shall be proper only in the Circuit Court of Taney County, Missouri.

19. **Missouri Immigration Law Affidavit.** After January 1, 2009, the Contractor takes note that Section 285.530.2 of the Missouri Revised Statutes requires a political subdivision as a condition of a contract or grant in excess of \$5,000 awarded after January 1, 2009, to require the business entity to affirm by sworn affidavit and provision of documentation the business entity has enrolled and participated in a federal work authorization program with respect to its employees who work in connection with the contracted services. To that end, the services provider will provide a signed affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contract. The Contractor will provide with their bid specifications and bonding information a statement that the company has such a program, documentation for the program, and that it will not employ unauthorized aliens in connection with the work.

☐ If this box is checked, then the requirement for an Immigration Law Affidavit does not apply because the dollar value of the contract is less than the \$5,000 minimum.

20. **Entire Agreement.** This agreement contains the entire agreement of the parties. No modification, amendment, or waiver of any of the provisions of this agreement shall be effective unless in writing specifically referring hereto, and signed by both parties.

21. **Compliance with Laws.** The contractor agrees to comply with all applicable federal, state and local laws or rules and regulations applicable to the provision of services and products hereunder. Contractor affirmatively states that payment of all local, state and federal taxes and assessments owed by Contractor is current.

22. **Severability Clause.** If any term or provision of this agreement is held invalid or unenforceable, the remainder of this agreement will be considered valid and enforceable to the fullest extent permitted by law.

**Contact Information:**

City of Branson  
Attn: Contract Management  
110 W Maddux St., Ste. 205  
Branson, MO 65616  
417-337-8522  
[cityclerk@bransonmo.gov](mailto:cityclerk@bransonmo.gov)

Cigna Healthcare  
Attn: Gene Rapisardi  
[eugene.rapisardi@cignahealthcare.com](mailto:eugene.rapisardi@cignahealthcare.com)







# **Cigna HealthCare**

## **Financial Proposal**

**for**

# **City of Branson**

**110 W Maddux St Ste 200**  
**Branson, MO 65616-2859**  
SIC Code: 9111

<b>Total Eligible Employees:</b>	286	<b>Participating Subscribers:</b>	268
<b>Employer Contributions - Employee:</b>	Multiple	<b>Employer Contributions - Dependent:</b>	Multiple
<b>Waiting Period:</b>			
<b>Eligibility Definition:</b>	Active Employees working 30 hrs		

**Effective Date: January 01, 2024**

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: November 03, 2023**

Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024

**Q4P4 LF Triple \$100k/50%**

<b>Cigna PLAN OFFERED</b>		
Plan Offering	Open Access Plus	Open Access Plus
Plan Name	MO OAP BASE	MO OAP BUY-UP
Medical Management Model	Triple Option	Triple Option
Health Advocacy	MO OAP BASE (25464966)	MO OAP BUY-UP (25464967)
Funding	Included	Included
	Excluded	Excluded
	Level Funding	Level Funding
<b>Cigna MEDICAL BENEFITS*</b>		
Collective Deductible	NO	NO
Collective OOP	NO	NO
Deductible/OOP Max Accumulator	No Cross Accumulation	No Cross Accumulation
Variable Coinsurance Applies	NO	NO
Plan Deductible Order of Applicability	Benefit Copay, Plan Deductible, Coinsurance	Benefit Copay, Plan Deductible, Coinsurance
<b>In-Network:</b>		
Office Copay - PCP	None	None
Office Copay - SPC	None	None
Inpatient Deductible - Per Admit	NA	NA
Inpatient Deductible - Per Day	NA	NA
Outpatient Facility Copay	None	None
Emergency Room Copay	\$250	\$250
Urgent Care Copay	None	None
Deductible - Individual	\$4,000	\$1,250
Deductible - Family	\$8,000	\$2,500
Out-of-Pocket - Individual	\$4,000	\$1,250
Out-of-Pocket - Family	\$8,000	\$2,500
Out-of-Pocket - Family - Individual Amount	\$4,000	\$1,250
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate	All Copays Accumulate
Coinsurance	100%	100%
Cigna Pathwell Specialty Drug Coinsurance	100%	100%
Other Medical Pharmaceutical Drug Coinsurance	100%	100%
<b>Out of Network:</b>		
Deductible - Individual	\$10,000	\$10,000
Deductible - Family	\$20,000	\$20,000
Out-of-Pocket - Individual	\$10,000	\$10,000
Out-of-Pocket - Family	\$20,000	\$20,000
Out-of-Pocket - Family - Individual Amount	\$10,000	\$10,000
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate	All Copays Accumulate
Coinsurance	50%	50%
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%
<b>Mental Health/Substance Use Disorder (Yes/No)</b>	Yes	Yes
<b>Vision Rider (Yes/No)</b>	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 Branson**  
Effective Date: January 01, 2024



**Q4P4 LF Triple \$100k/50%**

Cigna PLAN OFFERED		
Plan Offering	Open Access Plus	Open Access Plus
Plan Name	MO OAP BASE	MO OAP BUY-UP
Medical Management Model	Triple Option	Triple Option
Health Advocacy	MO OAP BASE (25464966)	MO OAP BUY-UP (25464967)
Funding	Included	Included
	Excluded	Excluded
	Level Funding	Level Funding
Pharmacy Benefits		
Pharmacy Network	Cigna 90 Now CVS	Cigna 90 Now CVS
Formulary/Prescription Drug List	Performance	Performance
Retail Generic Copay	\$0	\$0
Retail Pref Brand Copay	\$75	\$75
Retail Non Pref Brand Copay	\$100	\$100
Retail Generic Copay (90 Days)	\$0	\$0
Retail Pref Brand Copay (90 Days)	\$150	\$150
Retail Non Pref Brand Copay (90 Days)	\$200	\$200
Home Delivery Generic Copay	\$0	\$0
Home Delivery Pref Brand Copay	\$150	\$150
Home Delivery Non Pref Brand Copay	\$200	\$200
Pharmacy Deductible - Individual	None (\$0)	None (\$0)
Pharmacy OOP Maximum - Individual	Combined With Medical	Combined With Medical
Out-of-Pocket Adjuster Program	Excluded	Excluded

*\*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 Branson**

Effective Date: January 01, 2024

**Q4P4 LF Triple \$100k/50%**

<b>Cigna PLAN OFFERED</b>	
Plan Offering	HSA Open Access Plus
Plan Name	MO HSA OAP
Medical Management Model	Triple Option
Health Advocacy	MO HSA OAP (25464965)
Funding	Included
	Excluded
	Level Funding
<b>Cigna MEDICAL BENEFITS*</b>	
Collective Deductible	NO
Collective OOP	NO
Deductible/OOP Max Accumulator	No Cross Accumulation
Variable Coinsurance Applies	NO
Plan Deductible Order of Applicability	Plan Deductible, Benefit Copay, Coinsurance
<b>In-Network:</b>	
Office Copay - PCP	None
Office Copay - SPC	None
Deductible - Individual	\$3,200
Deductible - Family	\$6,400
Individual - In a Family Amount Deductible	\$3,200
Out-of-Pocket - Individual	\$3,200
Out-of-Pocket - Family	\$6,400
Out-of-Pocket - Family - Individual Amount	\$3,200
Out-of-Pocket Max Deductible	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	100%
Cigna Pathwell Specialty Drug Coinsurance	100%
Other Medical Pharmaceutical Drug Coinsurance	100%
Adult Preventive Care Office Visit	100%, No Ded
<b>Out of Network:</b>	
Deductible - Individual	\$10,000
Deductible - Family	\$20,000
Individual - In a Family Amount Deductible	\$10,000
Out-of-Pocket - Individual	\$10,000
Out-of-Pocket - Family	\$20,000
Out-of-Pocket - Family - Individual Amount	\$10,000
Out-of-Pocket Max Deductibles	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	50%
MRC Fee Schedule Percentage (Professional)	110%
MRC Fee Schedule Percentage (Facility/Ancillary)	110%
<b>Mental Health/Substance Use Disorder (Yes/No)</b>	Yes
<b>Vision Rider (Yes/No)</b>	No
<b>Employer Fund Contribution</b>	
Fund Amount - Individual	\$0
Fund Amount - Family	\$0
Eligible Expense	NA

\*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 Branson**  
Effective Date: January 01, 2024



**Q4P4 LF Triple \$100k/50%**

Cigna PLAN OFFERED	
Plan Offering	HSA Open Access Plus
Plan Name	MO HSA OAP
Medical Management Model	Triple Option
Health Advocacy	MO HSA OAP (25464965)
Funding	Included
	Excluded
	Level Funding
Pharmacy Benefits	
Pharmacy Network	Cigna 90 Now CVS
Formulary/Prescription Drug List	Performance
Retail Generic Customer Coinsurance	0%
Retail Pref Brand Customer Coinsurance	0%
Retail Non Pref Brand Customer Coinsurance	0%
Retail Flat Customer Coinsurance	0%
Retail Generic Customer Coinsurance (90 Days)	0%
Retail Pref Brand Customer Coinsurance (90 Days)	0%
Retail Non Pref Brand Customer Coinsurance (90 Days)	0%
Home Delivery Generic Customer Coinsurance	0%
Home Delivery Pref Brand Customer Coinsurance	0%
Home Delivery Non Pref Brand Customer Coinsurance	0%
Home Delivery Flat Customer Coinsurance	0%
Pharmacy Deductible - Individual	Combined With Medical
Pharmacy OOP Maximum - Individual	Combined With Medical
Out-of-Pocket Adjuster Program	Excluded

*\*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 Branson**

Effective Date: January 01, 2024



Q4P4 LF Triple \$100k/50%

**Schedule of Monthly Rates and Factors**

<b>Medical Choice:</b> <b>Plan Name:</b>	HSA Open Access Plus	<b>Rates Based Upon</b>		Eligible	Actual			
	MO HSA OAP	Employee		115	36			
	MO HSA OAP	Emp + Spouse		40	8			
		Emp + Child(ren)		40	11			
		Emp + Family		73	15			
		Total		268	70			
		Admin. Fee	Pharmacy Rebate Credit	Individual Stop Loss	Aggregate Stop Loss	Insurance & Admin. Costs	Claims Funding	Total Costs
Employee		\$42.20	(\$30.47)	\$69.43	\$2.98	\$84.14	\$446.85	\$530.99
Emp + Spouse		\$84.21	(\$60.81)	\$138.59	\$5.95	\$167.94	\$891.91	\$1,059.85
Emp + Child(ren)		\$73.70	(\$53.22)	\$121.30	\$5.21	\$146.99	\$780.64	\$927.63
Emp + Family		\$115.72	(\$83.57)	\$190.45	\$8.18	\$230.78	\$1,225.70	\$1,456.48

<b>Medical Choice:</b> <b>Plan Name:</b>	Open Access Plus	<b>Rates Based Upon</b>			Eligible	Actual		
	MO OAP BASE	Employee			115	63		
	MO OAP BASE	Emp + Spouse			40	20		
		Emp + Child(ren)			40	20		
		Emp + Family			73	40		
		Total			268	143		
		Admin. Fee	Pharmacy Rebate Credit	Individual Stop Loss	Aggregate Stop Loss	Insurance & Admin. Costs	Claims Funding	Total Costs
Employee		\$51.38	(\$40.99)	\$67.96	\$3.90	\$82.25	\$575.24	\$657.49
Emp + Spouse		\$102.53	(\$81.81)	\$135.66	\$7.79	\$164.17	\$1,158.14	\$1,322.31
Emp + Child(ren)		\$89.74	(\$71.60)	\$118.73	\$6.82	\$143.69	\$1,012.42	\$1,156.11
Emp + Family		\$140.91	(\$112.43)	\$186.42	\$10.71	\$225.61	\$1,595.32	\$1,820.93

<b>Medical Choice:</b> <b>Plan Name:</b>	Open Access Plus	<b>Rates Based Upon</b>			Eligible	Actual		
	MO OAP BUY-UP	Employee			115	16		
	MO OAP BUY-UP	Emp + Spouse			40	12		
		Emp + Child(ren)			40	9		
		Emp + Family			73	18		
		Total			268	55		
		Admin. Fee	Pharmacy Rebate Credit	Individual Stop Loss	Aggregate Stop Loss	Insurance & Admin. Costs	Claims Funding	Total Costs
Employee		\$51.38	(\$40.99)	\$70.86	\$4.31	\$85.56	\$661.53	\$747.09
Emp + Spouse		\$102.53	(\$81.81)	\$141.44	\$8.60	\$170.76	\$1,320.41	\$1,491.17
Emp + Child(ren)		\$89.74	(\$71.60)	\$123.80	\$7.53	\$149.47	\$1,155.69	\$1,305.16
Emp + Family		\$140.91	(\$112.43)	\$194.38	\$11.82	\$234.68	\$1,814.58	\$2,049.26

**Stop Loss Details**

Individual Stop Loss Limit (Medical & Rx):	\$100,000
Corridor Factor (Total):	120%
Level Funding Arrangement:	1/2 retained by Cigna HealthCare, 1/2 returned to the Employer

Rates are subject to final underwriting terms and conditions.



Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024

Q4P4 LF Triple \$100k/50%

**Summary of Estimated Medical Plan Costs**

	Medical Insurance & Admin. Costs	Medical Claims Funding	Medical Costs
2024 Jan	\$38,802	\$263,152	\$301,954
2024 Feb	\$38,802	\$263,152	\$301,954
2024 Mar	\$38,802	\$263,152	\$301,954
2024 Apr	\$38,802	\$263,152	\$301,954
2024 May	\$38,802	\$263,152	\$301,954
2024 Jun	\$38,802	\$263,152	\$301,954
2024 Jul	\$38,802	\$263,152	\$301,954
2024 Aug	\$38,802	\$263,152	\$301,954
2024 Sep	\$38,802	\$263,152	\$301,954
2024 Oct	\$38,802	\$263,152	\$301,954
2024 Nov	\$38,802	\$263,152	\$301,954
2024 Dec	\$38,802	\$263,152	\$301,954
<b>Total</b>	<b>\$465,625</b>	<b>\$3,157,820</b>	<b>\$3,623,445</b>

**Note:** A deposit amount equivalent to one month of Insurance and Admin. Costs is collected at point of sale. This deposit will be applied as a credit to your first bill.

<b>Enrollment:</b>	115 Employee, 40 Emp + Spouse, 40 Emp + Child(ren), 73 Emp + Family
<b>Individual Stop Loss Limit:</b>	\$100,000
<b>Medical Insurance and Admin. Costs:</b>	Medical Stop Loss Premiums and Administrative Fees Only
<b>Medical Claims Funding:</b>	Total Medical Monthly Claims Costs
<b>Medical Costs:</b>	Medical Insurance and Admin. Costs + Claims Funding



Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024



Q4P4 LF Triple \$100k/50%

**Expense Summary**

Monthly Rates		Enrollment	Insurance & Admin. Costs	Claims Funding	Total Costs
HSA Open Access Plus MO HSA OAP	Employee	36	\$84.14	\$446.85	\$530.99
	Emp + Spouse	8	\$167.94	\$891.91	\$1,059.85
	Emp + Child(ren)	11	\$146.99	\$780.64	\$927.63
	Emp + Family	15	\$230.78	\$1,225.70	\$1,456.48
Open Access Plus MO OAP BASE	Employee	63	\$82.25	\$575.24	\$657.49
	Emp + Spouse	20	\$164.17	\$1,158.14	\$1,322.31
	Emp + Child(ren)	20	\$143.69	\$1,012.42	\$1,156.11
	Emp + Family	40	\$225.61	\$1,595.32	\$1,820.93
Open Access Plus MO OAP BUY-UP	Employee	16	\$85.56	\$661.53	\$747.09
	Emp + Spouse	12	\$170.76	\$1,320.41	\$1,491.17
	Emp + Child(ren)	9	\$149.47	\$1,155.69	\$1,305.16
	Emp + Family	18	\$234.68	\$1,814.58	\$2,049.26
Monthly Cost Total Medical			\$38,802.05	\$263,151.59	\$301,953.64

Cost Summary Medical			
Total Costs (12 Months)	\$465,624.60	\$3,157,819.08	\$3,623,443.68



Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024

**PROPOSAL TERMS AND CONDITIONS for Proposal: Q4P4 LF Triple \$100k/50%****A. General Terms of this Proposal**

Cigna HealthCare is pleased to present this Proposal for an Administrative Services Only group medical, pharmacy and behavioral health benefit plan (the "Plan") sponsored by City of Branson. This proposal is valid for 60 days from its original date of release, 11/03/2023. 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 and/or duration of the period covered by the quote.
- 2 the policy will not be situated in MO.
- 3 the group size differs from what was assumed at the time of quote based upon confirmation of employer group status on a State definition of small or large employer group, as applicable.
- 4 enrollment in the Cigna HealthCare administered plan is less than 50% of the total eligible population identified as 286.
- 5 the final enrollment deviates from the quoted enrollment such that it results in a needed change in 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.
- 6 requires you to notify us within 30 days if any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.
- 7 it is not the exclusive provider of Medical / Pharmacy or like products for all of City of Branson's employees in all worksites.
- 8 benefit advisor fees/commissions are requested to be different than \$18.00 PEPM.
- 9 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.
- 10 there is any reimbursement arrangement ("gap" cards, etc.) that subsidizes or reduces the out-of-pocket obligation of covered persons under the policy.
- 11 This proposal made by Cigna HealthCare is contingent upon:
  - o Cigna HealthCare's receipt of the following information: -Completed medical history questionnaire 30 days prior to the policy effective date.
  - o Cigna reserves the right to revise or withdraw this proposal if the required medical questionnaire is not received 30 days prior to the policy effective date.

**B. Scope and Application of this Proposal**

Unless otherwise indicated, the coverage reflected in this Proposal:

- 1 assumes that any insurance policy, certificate/booklet, or summary plan description material will be made available to the policyholder electronically.
- 2 supersedes and renders null and void any prior Cigna HealthCare offer or proposal with respect to the Plan.
- 3 reflects the claims and administrative savings realized by packaging the following specialty coverage with medical: Pharmacy and Cigna Total Behavioral Health.
- 4 includes Cigna's One Guide digital and customer guidance solution.
- 5 does not apply to part-time or seasonal employees for any plan.
- 6 does not apply to Medicare eligible retirees for any plan.
- 7 includes Cigna's Network Savings Program (NSP) and other Cost Containment programs designed to contain costs with respect to charges for out-of-network health care services/supplies that are covered by the Plan and reduce the member's balance billing exposure. For administering these programs, Cigna retains a portion of the savings or recoveries generated.
- 8 limits the allowable amount used in calculating benefits for out-of-network health care services/supplies to a Maximum Reimbursable Charge equal to 110% of a fee schedule developed by Cigna based upon a methodology similar to that used by Medicare to determine the allowable fee for similar services in the geographic market, OR, where that fee schedule does not provide a value, the 80th percentile of the usual and customary charges made by providers of such service/supply or supply in the geographic area where the service/supply is received determined by reference to a third-party data base.
- 9 does not include administration of "run out" claims incurred prior to the effective date.
- 10 Notwithstanding the foregoing guarantee, Cigna may revise any charges at any time if Cigna is (i) required to pay any tax or assessment, or (ii) incur additional costs in administering the contract as a result of any state or federal law.
- 11 assumes that Cigna is selected as the carrier for both Aggregate and Individual Stop Loss for a 12 month policy period.
- 12 Includes Rx claims for the Aggregate Stop Loss coverage and includes RX claims for the Individual Stop Loss coverage.
- 13 reflects that the ISL Maximum mirrors the underlying medical plan maximum.
- 14 assumes 268 covered employees on the Stop Loss quote.
- 15 assumes that the Stop Loss contract covers claims incurred since policy inception and are paid during the current policy year. The paid period will be extended in the year of termination to include the 15 months immediately following.
- 16 assumes Cigna HealthCare's standard Services Agreement will be used and executed before the effective date of Cigna HealthCare providing administrative services.
- 17 assumes that administrative fee (excluding Incentive Programs) will be paid from the Plan Bank Account.
- 18 assumes that Incentive Program debit/gift card rewards will be funded by the client and will be direct billed or withdrawn from the bank account (as applicable).
- 19 includes charges made by either a specialty vendor or an affiliate, such as eviCore 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 (i.e., charges for management of diagnostic cardiology, radiation therapy, musculoskeletal procedures, medical oncology, gastroenterology, sleep management and home health/DME/HIT and appropriate setting of care/service) when applicable, and medical necessity review (i.e chiropractic services).
- 20 includes Cigna Pathwell Specialty, a network solution for medical specialty drugs.
- 21 Includes Cigna Pathwell Bone & Joint<sup>SM</sup>, a clinical navigation, benefit, and network solution for musculoskeletal care.
- 22 If incentive administration is elected, then incentive rewards will be funded by the client and certain reward types will be direct billed or withdrawn from the bank account (as applicable)
- 23 includes fixed charges for Embarc Benefit Protection<sup>SM</sup>, a network solution for certain high-cost gene therapy drugs arranged by eviCore.
- 24 assumes a deposit equivalent to one month of Insurance and Admin costs is collected at time of sale and applied as a credit to your first bill.



Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024

- 25 assumes Cigna HealthCare will set aside a portion of the claims funding collected throughout the year and apply these funds to claims that are paid after the policy has been terminated. Any and all surpluses in claim funding may be forfeited and retained by us as a deferred service fee, including those at the end of the claim run-out period. There will be no additional administration, insurance, or claims charges following the termination date.
- 26 assumes year-end accounting will be completed on an annual basis 90 days following the policy anniversary date. Any applicable refund will appear as a credit to Insurance and Admin costs in subsequent months.
- 27 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.
- 28 does not include paying on behalf of the Plan the Comparative Effectiveness Research Fee required under section 4376 of the Internal Revenue Code as added by the Patient Protection and Affordable Care Act. Cigna HealthCare is prohibited from calculating, collecting and paying the fee on behalf of the Plan.
- 29 assumes applicable requirements of the Patient Protection and Affordable Care Act will be implemented on the effective date/renewal date unless you direct otherwise.
- 30 For covered mental health and substance abuse services from participating providers, Cigna HealthCare shall apply discounts available under an agreement with its affiliate, Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc. City of Branson shall pay Cigna HealthCare 33% of the savings (billed charges less negotiated rate x .33) which shall be taken from City of Branson's bank account when the claim for covered services is paid.
- 31 ASO fees for the first month will be reduced by \$146000.00 for a transitional relief credit.
- 32 establishes a Wellness/Health Improvement Fund (the "Fund") in the amount of \$25000.00 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 01/01/2024 - 12/31/2024. 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.
- 33 assumes that dental/vision benefits are excepted and not subject to HIPAA and ACA requirements.
- 34 Assumes that drugs covered under the plan's pharmacy benefit shall be administered in accordance with the following estimated pricing terms for the product HSA Open Access Plus - MO HSA OAP:
- o Average Brand Discount: Average Wholesale Price - 30.41%
  - o Average Generic Discount: Average Wholesale Price - 81.42%
  - o Average Specialty Discount: Average Wholesale Price - 23.39%
  - o Average Dispensing Fee: \$1.22
- Cigna earns financial Rebates through drug manufacturer arrangements on certain drugs that are included on Cigna's prescription drug list (a/k/a Formulary). For some of the drugs for which Cigna may earn financial Rebates, Cigna uses some portion of the financial Rebate value to adjust the Prescription Drug Charges payable by you, as the plan sponsor, and/or Members for those drugs.
- 35 Assumes that drugs covered under the plan's pharmacy benefit shall be administered in accordance with the following estimated pricing terms for the product Open Access Plus - MO OAP BASE:
- o Average Brand Discount: Average Wholesale Price - 30.41%
  - o Average Generic Discount: Average Wholesale Price - 81.42%
  - o Average Specialty Discount: Average Wholesale Price - 23.39%
  - o Average Dispensing Fee: \$1.22
- Cigna earns financial Rebates through drug manufacturer arrangements on certain drugs that are included on Cigna's prescription drug list (a/k/a Formulary). For some of the drugs for which Cigna may earn financial Rebates, Cigna uses some portion of the financial Rebate value to adjust the Prescription Drug Charges payable by you, as the plan sponsor, and/or Members for those drugs.
- 36 Assumes that drugs covered under the plan's pharmacy benefit shall be administered in accordance with the following estimated pricing terms for the product Open Access Plus - MO OAP BUY-UP:
- o Average Brand Discount: Average Wholesale Price - 30.41%
  - o Average Generic Discount: Average Wholesale Price - 81.42%
  - o Average Specialty Discount: Average Wholesale Price - 23.39%
  - o Average Dispensing Fee: \$1.22
- Cigna earns financial Rebates through drug manufacturer arrangements on certain drugs that are included on Cigna's prescription drug list (a/k/a Formulary). For some of the drugs for which Cigna may earn financial Rebates, Cigna uses some portion of the financial Rebate value to adjust the Prescription Drug Charges payable by you, as the plan sponsor, and/or Members for those drugs.
- 37 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:
- 38 The 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 Cigna HealthCare may pay on your behalf any applicable state tax or assessment imposed upon your plan by drawing upon the bank account.
- 3 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.
- 4 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.
- 5 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.
- 6 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.



## 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? Please see Chart A Below
- What is the reimbursement order? Does the HSA and/or HRA fund pay first, or something else? n/a
- 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: We fund the HSA plan by the difference in what the City pays for the Base Plan that the City offers.

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 Branson

Date: \_\_\_\_\_

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

Title: Mayor

ATTEST:

\_\_\_\_\_  
Hillary Briand  
City Clerk

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

DocuSigned by:  
\_\_\_\_\_  
City Attorney

11/9/2023

\_\_\_\_\_  
Date

Chart A

Per month amounts contributed to the HSA Account			
	Tier 1	Tier 2	Tier 3
EE Only	\$126.50	\$107.53	\$88.55
EE/Spouse	\$217.93	\$198.96	\$179.98
EE/Child(ren)	\$195.08	\$176.11	\$157.13
EE/Family	\$286.52	\$267.55	\$248.57
Tier 1 = Health and Wellness and Non Nicotine Participant			
Tier 2 = Health and Wellness or Non Nicotine Participant			
Tier 3 = Does not participate in both incentive programs			



## Contingencies For City of Branson

Cigna HealthCare reserves the right to change the Quoted Rates and/or Quoted Benefits or to decline to offer services if any of the foregoing information is inaccurate or changes prior to the proposed Effective Date indicated above, or if the quoted rates and/or fees are not agreed to within 60 days of receipt of this summary information form. If any of the information identified above changes either prior to the proposed Effective Date or after Cigna begins providing service, you agree to notify us promptly of such change.

The "Contingencies" set forth above shall survive execution of any administrative services agreement entered into with Cigna HealthCare or any affiliated company, and shall further survive the effective date of any such agreement.

"Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

I UNDERSTAND AND AGREE ON BEHALF OF CONTRACTHOLDER THAT CIGNA HEALTHCARE MAY, NOTWITHSTANDING THE TERMS OF ANY APPLICABLE INSURANCE POLICY OR SERVICE AGREEMENT, REVISE ANY RATES OR FEES WITH RESPECT THERETO AT ANY TIME IF THE ENROLLMENT OR EMPLOYER CONTRIBUTION LEVEL IS DIFFERENT THAN ASSUMED BY CIGNA HEALTHCARE IN DELVEOPING THIS PROPOSAL OR IF CIGNA HEALTHCARE IS (i) REQUIRED TO PAY ANY ASSESSMENT, OR (ii) INCUR ADDITIONAL COSTS IN ADMINISTERING THE CONTRACT AS A RESULT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE REGULATIONS PROMULGATED THEREUNDER.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Larry D. Milton  
Client Name


\_\_\_\_\_  
Mayor  
Title

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Hillary Briand  
City Clerk

\_\_\_\_\_  
Date

DocuSigned by:  
  
261AD63D50A4441...  
\_\_\_\_\_  
City Attorney

11/9/2023  
\_\_\_\_\_  
Date



# Summary of Benefits Cigna Health and Life Insurance Company

**Cigna Vision serviced by EyeMed  
City of Branson  
C1 PPO Comprehensive Plan**



<b>Welcome to Cigna Vision</b> <b>Schedule of Vision Coverage</b> <b>Effective Date: January 1, 2024</b>			
<b>Vision Services and Frequency</b>	<b>In-Network Plan Coverage**</b>	<b>In-Network Member Cost***</b>	<b>Out-of-Network Reimbursement</b>
<b>Exam and Professional Services:</b> Frequency* : once per 12 month  <div style="text-align: right;"> <b>Eye Exam</b>  <b>Retinal Screening</b> </div>	100% after \$0 Copay \$0	\$0 Copay Up to \$39	Up to \$45 Allowance Not Covered
<b>Standard Eyeglass Lenses Allowances:</b> Frequency* : one pair per 12 month  <div style="text-align: right;"> <b>Lenses:</b>            Single Vision            Lined Bifocal            Lined Trifocal            Lenticular         </div>	Copay: \$25 100% 100% 100% 100%	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$40 Allowance Up to \$65 Allowance Up to \$75 Allowance Up to \$100 Allowance
<b>Lens Enhancements / Options:</b>  <div style="text-align: right;">           Oversize lenses            Rose #1 and #2 Solid Tints            Polycarbonate Lenses &lt;19 years of age            Standard Polycarbonate Lenses            Standard Progressives            Plastic Dye Tints            Photochromic – Glass or Plastic            Standard Scratch Coating            Standard Ultraviolet (UV) Coating            Standard Anti-Reflective (AR) Coating            Hi-Index Lenses            All other lens options, including Premium Tiers         </div>	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$40 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>Contact Lenses Retail Allowance:</b> Frequency* : one pair or single purchase per 12 month  <div style="text-align: right;"> <b>Elective</b>   <b>Therapeutic</b> </div>	100% up to \$150 Retail Allowance 100%	Balance over \$150 Allowance \$0	Up to \$120 Allowance Up to \$210 Allowance
<b>Frame Retail Allowance</b> Frequency* : one per 12 month	100% up to \$150 Retail Allowance	20% off balance over \$150 Allowance	Up to \$83 Allowance
* Your Frequency Period begins on January 1 (Calendar year basis)			
<b>Definitions:</b> <b>Copay:</b> the amount you pay towards your exam and/or materials, lenses and/or frames <b>Coinsurance:</b> the percentage of charges Cigna will pay. Customer is financially responsible for the balance. <b>Allowance:</b> the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			

**City of Branson**  
**C1 PPO Comprehensive Plan**



**In-Network Coverage Includes\*\*:**

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
  - 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year).
- Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage.
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

\*\* Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

\*\*\* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

**What's Not Covered:**

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service



### **In-Network Value Added Savings**

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

*Interested in Laser Vision Correction service such as LASIK? Visit your [MyCigna.com](http://MyCigna.com) and search for Healthy Rewards® for details.*

### **How to use your Cigna Vision Benefits**

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

#### **1. Finding a doctor**

There are three ways to find a quality eye doctor in your area:

1. Log into [myCigna.com](http://myCigna.com), under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by Eye Med Directory.
2. Don't have access to [myCigna.com](http://myCigna.com)? Go to [Cigna.com](http://Cigna.com), top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision serviced by EyeMed Directory, from the Additional Directories drop down listing.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

#### **2. Schedule an appointment**

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed information at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

#### **3. Out-of-network plan reimbursement**

##### **How to use your Cigna Vision Benefits**

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA PO Box 8504, Mason, OH. 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.



## DISCRIMINATION IS AGAINST THE LAW

### Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
 Nondiscrimination Complaint Coordinator  
 PO Box 188016  
 Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, DC 20201  
 1.800.368.1019, 800.537.7697 (TDD)  
 Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

**Chinese** – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

**Arabic** – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (يُنْبَغِي لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

**French Creole** – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apresya konpoze 1-844-230-6498).

**French** – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

**Portuguese** – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

**Polish** – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

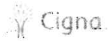
**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください (TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید).

824734 07/22



Cigna Vision Solution for City of Branson

Plan Code:

Effective Date : 01/01/2024

Voluntary FI Quote (Per Employee Per Month)

\*10% Minimum Participation Required\*

	Premium Rate
Employee Only	\$6.23
Employee + Spouse	\$11.67
Employee + Child(ren)	\$13.25
Employee + Family	\$19.31

\*Broker commissions of 10.00% are included in this quote.

\*Voluntary: Medical and/or dental subscribers can elect to not enroll in vision. Does not refer to contribution levels.

\*Quote is valid for 90 days and includes claim processing, network access, customer service, policy and certificate, and standard vision reporting.

\*The fee does not include vision specific ID cards.

\*Our Cigna Vision proposal is contingent upon selecting Cigna for your dental and/or medical coverage.

\*This quote assumes the Cigna Vision will be administered on Cigna East platforms

\*Rates are guaranteed for 2 years.

\*Cigna Healthcare's vision products are "excepted benefits" and not subject to Essential Health Benefit requirements.

\*The above quoted rates include Health Insurance Assessment fees (PPACA) for 2020 months, but not for 2021 and beyond. Cigna reserves the right to modify quoted rates, as necessary, should there be any changes in future regulation or costs.

Cigna Vision Network serviced by EyeMed offers one of the largest national routine vision networks, with optometrists and ophthalmologists at full service locations nationwide, including private practice and national and regional retail locations. Please be aware that the Cigna Vision Network serviced by EyeMed is different from the Cigna medical networks.

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency*: once per 12 month Eye Exam Retinal Screening	100% after \$0 Copay \$0	\$0 Copay Up to \$39	Up to \$45 Allowance Not Covered
Standard Eyeglass Lenses Allowances: Frequency*: once per 12 month Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	Copay: \$25 100% 100% 100% 100%	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$40 Allowance Up to \$65 Allowance Up to \$75 Allowance Up to \$100 Allowance
Lens Enhancements / Options Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Standard Progressives Plastic Dye Tints Photochromic - Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Anti-Reflective (AR) Coating Hi-Index Lenses All other lens options, including Premium Tiers	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses Retail Allowance: Frequency*: one pair or single purchase per 12 month Elective Therapeutic	100% up to \$150 Retail Allowance 100%	Balance over \$150 Allowance \$0	Up to \$120 Allowance Up to \$210 Allowance
Frame Retail Allowance Frequency*: one per 12 month	100% up to \$150 Retail Allowance	20% off balance over \$150 Allowance	Up to \$83 Allowance

\* Your Frequency Period begins on January 1 (Calendar year basis)

\*\*coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

\*\*\*Provider participation is 100% voluntary, please check with your Eye Care Professional for any offered discounts; stated Customer Cost, up to maximums, are subject to change without notice.

Benefits are underwritten or administered by Cigna. Read your plan carefully - this benefit summary provides a very brief description of the important features of your plans.

This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. Network providers are independent contractors solely responsible for your routine vision examination and products.





**Turn your  
dental plan into  
a growth plan.**

**Financial Proposal**  
for  
**City of Branson**

**Effective Date: January 01, 2024**

**Date: October 11, 2023**



## Cigna Dental is Your New Growth Plan.

Dental care is not just a cost of doing business. **It's an investment in your future success.** And dental benefits aren't "just dental." When provided by Cigna, your dental program can help ensure financial health, engage individual employees, nurture a healthy work culture, and prepare for the future. Cigna unlocks the full potential of your dental program to deliver more value.

### Help ensure Financial Health

We help **predict and manage financial risk** for your company while **optimizing cash flow and improving profitability**. We also help your employees manage and control their health-related finances.

- myCigna.com gives employees 24/7/365 access to value-based network search tools and information that can help them find a dentist who meets their specific, unique needs. It puts them in the driver's seat and when employees utilize myCigna, they **save an average of \$117.10 PMPY** more than those who don't, and have **6.9% more in-network claims**.<sup>1</sup>
- Cigna Dental Oral Health Integration Program<sup>®</sup> provides proactive, personalized support for customers with one of **14 medical conditions** that can be impacted by oral health risks like gum disease and cavities. Preventive care for these employees can **drive average savings of 12.2%** over five years.<sup>2</sup>
- Our **industry-leading Brighter Score technology** brings customers greater transparency and guides employees to high-value in-network dentists using myCigna.

### Engage Individual Employees

Cigna Dental is an **industry leader** in engaging customers to use their preventive dental care benefits. And when customers get preventive care, the risk of developing periodontal disease, experiencing potential medical complications or needing care in the emergency room or urgent care center is reduced.<sup>1</sup>

- Engaging customers to get important preventive dental care through proactive, automated outreach results in a **67% increase in visits**<sup>3</sup> and **31% lower future dental costs**<sup>1</sup>.
- We connect your employees to the preventive care they need--regardless of the challenges they face. This results in **30%+ more medical cost savings** for employees impacted by a high social index.<sup>4</sup>

### Nurture a Healthy Work Culture

Poor oral health directly impacts employers. Every year, **\$800M in productivity is lost** due to health-related problems, and **320.8M hours** of work/school are lost for dental care.<sup>5</sup> **92.4M of those hours are lost for unplanned or emergency dental care.**<sup>5</sup> The Cigna Dental program can help reduce lost productivity by making it easy and affordable for employees to access dental care, when, how and where employees need it most.

- Making it easy and affordable to access care by bringing network dentists right to the workplace through **Cigna Onsite Dental<sup>SM</sup>**
- Moving the center of care to support better oral health routines with **Cigna @Home Dental can help to reduce plaque by 77%.**<sup>7</sup>
- Reducing the risk of opioid addiction through our proprietary opioid dashboard and safe prescribing program has resulted in a **23% reduction in the number of prescriptions written for children under 18, and a 9% reduction overall.**<sup>8</sup>

### Prepare for the Future

At the heart of our dental solution is the relentless pursuit of innovation. Cigna continuously innovates for the future to address the health challenges of today and tomorrow. From the beginning of each customer's journey with us, we are by their side. Enrollment support, oral health assessments, network search-ability, treatment cost estimators, 24/7/365 access to dentists through Cigna Dental Virtual Care - our proactive and innovative solutions make getting dental care affordable and easy.

- The Cigna Dental Innovation Studio** delivers forward-thinking, customer-centric solutions to help improve outcomes. It's part of our dedication to staying ahead of challenges and bringing the latest solutions to you and your employees to promote whole person health.
- Cigna Dental Payment Solutions** is an innovative program designed to **help customers turn out-of-pocket dental expenses into a more affordable payment plan** with no additional fees or interest charges.

1. Internal reporting as of November 2021 for DPPO customers who use myCigna and customers who do not use myCigna.

2. "Preventive Dental Treatment Associated with Lower Medical Utilization and Costs." Cigna national study, December 2020. Individual results may vary.

3. Internal reporting as of November 2021 for DPPO customers who received email for overdue preventive care and out-of-network claims.

4. "Preventive Dental Treatment Associated with Lower Medical Utilization and Costs." Cigna national study, December 2020. Individual results may vary.

5. Kelekar, Uma, and Shilpa Naavaal. "Hours Lost to Planned and Unplanned Dental Visits Among US Adults." Preventing chronic disease vol. 15 E04. 11 Jan. 2018, doi:10.5888/pcd15.170225. Accessed November 2021.

6. Cigna provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service.

7. Kay, E., Shou, L. A randomised controlled trial of a smartphone application for improving oral hygiene. Br Dent J 226, 508–511 (2019).

8. Internal report published in 2019, based on review and analysis of 2015-2018 Cigna pharmacy claims and Cigna dental membership data. Results may vary.

Cigna Healthcare Financial Exhibit for:

**City of Branson****Effective Date: January 01, 2024**

This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO	Out-of-Network
<b>Calendar Year Maximum</b>		
(Class I, II, III Expenses)	\$1500, Class I Applies	\$1500, Class I Applies
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams Cleanings Routine X-rays Fluoride Application Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Sealants Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
<b>Class IV Expenses - Orthodontia</b>		
	Not Covered	Not Covered
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	Based on Maximum Allowable Charge Standard schedule (for location of service rendered).
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
<b>Student/Dependent Age</b>	26/26	



Cigna Healthcare Financial Exhibit for:

City of Branson



Effective Date: January 01, 2024

**Cigna Dental PPO / Indemnity Exclusions and Limitations:**

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorax: 1 every 3 calendar years
Cone Beams	Not covered
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Prosthesis over Implants	1 per 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for a specified time period; thereafter, considered a Class III expense
Late Entrant Limit****	50% coverage on Class III and IV (if applicable) for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

**Benefit Exclusions:**

- \* Services performed primarily for cosmetic reasons
- \* Replacement of a lost or stolen appliance
- \* Replacement of a bridge or denture within five years following the date of its original installation
- \* Replacement of a bridge or denture which can be made useable according to accepted dental standards
- \* Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- \* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- \* Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type
- \* Instruction for plaque control, oral hygiene and diet
- \* Dental services that do not meet common dental standards
- \* Services that are deemed to be medical services
- \* Services and supplies received from a hospital
- \* Charges which the person is not legally required to pay
- \* Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- \* Experimental or investigational procedures and treatments
- \* Any injury resulting from, or in the course of, any employment for wage or profit
- \* Any sickness covered under any workers' compensation or similar law
- \* Charges in excess of the reasonable and customary allowances
- \* To the extent that payment is unlawful where the person resides when the expenses are incurred;
- \* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- \* For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- \* To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- \* To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- \* In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

\*\* In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.

\*\*\*Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data

\*\*\*\*Late Entrant coverage limitation does not apply to New Mexico Residents for Insured Dental Products.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

Cigna is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.

Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024



Cigna PLAN OFFERED	
Product	PPO
Plan Name	Plan 1
Situs	MO
Funding	Fully Insured
Cigna RATES	
	Plan 1
	#EE Rates
Employee	133 \$31.00
Emp + Spouse	38 \$62.00
Emp + Child(ren)	34 \$68.60
Emp + Family	68 \$92.61
Monthly Billed Amount	273 \$15,108.88
Monthly Billed Amount Per Product	\$15,108.88
Annual Billed Amount Per Product	\$181,306.56
TOTAL EE's	273
TOTAL Monthly Billed Amount	\$15,108.88
TOTAL Annual Billed Amount	\$181,306.56

**The above DPPO rates are guaranteed for 2 years, valid for 01/01/2024 and 01/01/2025 effective dates**

The quoted Dental rates are valid only when packaged and sold along side Cigna Medical and/or New York Life Group Insurance.  
If sold standalone, an increment of 2.45% would apply to the rates illustrated above.

If sold packaged with two or more Cigna Supplemental Health lines of coverage (AI/CI/HC), an additional decrement of 1% would apply to the rates illustrated above  
This quote assumes the proposed DPPO benefits will be administered on Dentacom.



Cigna Healthcare Financial Exhibit for:

**City of Branson**

Effective Date: January 01, 2024

**PROPOSAL TERMS AND CONDITIONS for Dental****A. General Terms of this Proposal**

Cigna HealthCare is pleased to present this Proposal for a Fully Insured Non-Participating group Dental benefit plan (the "Plan") sponsored by City of Branson. This proposal is valid for 60 days from its original date of release, 10/11/2023. Any revisions or updates to this proposal will not renew this valid timeframe unless expressly communicated by Cigna HealthCare.

The 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.

**Proposal Caveats**

Cigna HealthCare may revise or withdraw this Proposal if:

- 1 there is a change to the effective date of the quote.
- 2 benefits and any applicable experience do NOT match benefits with incumbent carrier; a review of the SPD may be required prior to implementation.
- 3 participation is below 95%. This will be based on the total eligible employees, identified as 286.
- 4 out of network reimbursement, verified prior to implementation based on sample out of network claim allowance for specific procedure codes, is different than communicated or accounted for in the financial projections
- 5 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.
- 6 it is not the exclusive provider of Dental for all of City of Branson's employees in all worksites.
- 7 there is a change in law, regulation, tax rates, or the application of any of these that affects Cigna's costs

**B. Scope and Application of this Proposal**

If this quote is based on the incumbent's claims experience and unless otherwise indicated, this Proposal:

- 1 contains insured rates that are illustrative until the incumbent's full SPD is received
- 2 contains benefit summaries that are illustrative until the incumbent's full SPD is received
- 3 assumes the quoted Dental rates are valid only when Dental is packaged and sold alongside Cigna Medical and/or CGI.
- 4 assumes employer contribution levels match what is shown in the RFP.
- 5 assumes the premium rates proposed by Cigna Healthcare are subject to final Underwriting approval and may be changed due to differences in selection of benefits, changes in census data, or any other changes in risk determined by Cigna Healthcare.
- 6 includes rates which are subject to regulatory approval. If, as of their proposed effective date, regulatory approval is not obtained, Cigna shall use rates consistent with its then currently approved rates and the foregoing rates shall be effective automatically upon approval.
- 7 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 supersede the Proposal in the event of a conflict.
- 8 **includes Dental rates which are guaranteed for a period of 24 months while the contract remains inforce. The guarantee is valid only if medical and/or CGI renews with dental in subsequent period.**
- 9 assumes the rates contain sufficient commission load for Dental of 10%.
- 10 assumes only a passive DPPO plan may be offered to TX or MS employees due to regulatory requirements.
- 11 assumes the plan will be implemented using Cigna's standard policy provisions, limitations, and contract language as reflected in Cigna's summary plan description unless specific modifications have been approved and rated appropriately. These standards are summarized in the Underwriting benefit summary. Any benefit modifications must be communicated in writing from Underwriting.
- 12 Cigna's Dental and/or Vision products are "excepted benefits" and not subject to Essential Health Benefit requirements.
- 13 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.
- 14 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.
- 15 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.



## Client and Benefit Advisor Acknowledgement Form

**For use in connection with insurance policies, HMO group services agreements, and/or administrative services offered by one or more subsidiaries of Cigna Corporation (collectively "Cigna").**

### Acknowledgement of Benefit Advisor Designation

Client (name) City of Branson, Account (number) 0652231, hereby acknowledges that the individual/firm listed below has been designated by Client as its producer of record/consultant ("**Benefit Advisor**") as of: January 1, 2024.

Client shall promptly notify Cigna of a change in the Benefit Advisor designation. Benefit Advisor changes are effective the first of the month following the month in which notification is received by Cigna.

### Confirmation of Benefit Advisor Fee

Client has engaged the Benefit Advisor to perform agreed upon services exclusively for the benefit of Client and not Cigna regarding the purchase of insurance/HMO products and/or benefit plan administrative services (the "**Benefit Advisor Services**"). Client has agreed that Benefit Advisor shall be compensated as indicated in the Compensation Details below for the performance of Benefit Advisor Services (the "**Benefit Advisor Fee**").

*(Premium or membership attributable to individuals covered under state continuation laws will not be used in calculating the Benefit Advisor Fee.)*

Client and Benefit Advisor acknowledge that the Benefit Advisor Fee is:

- exclusively for the performance of the Services by the Benefit Advisor;
- not consideration for insurance under the Policy;
- not determined by Cigna; and
- the sole payment obligation of Client.

Client shall promptly notify Cigna of any change in the Benefit Advisor Fee.

**Note:** If the Benefit Advisor Fee is based upon a percentage of premium, a premium equivalent (as determined by Cigna) will be used in determining the Benefit Advisor Fee with respect to a "Minimum Premium" policy or self-insured plan.

### Authorizations/Additional Acknowledgements:



Client and Benefit Advisor authorize Cigna to:

- Bill, on behalf of the Benefit Advisor, the applicable Benefit Advisor Fee with its monthly premium billing statement to the Client (Benefit Advisor Fee will be reflected in the total amount billed);
- Remit, on behalf of the Client, any Benefit Advisor Fee payments received from the Client to the Benefit Advisor within 60 business days of receipt (Note: Unless the client specifically directs that a portion of its payment be applied to Benefit Advisor Fees, any payments received by Cigna will first be applied toward any outstanding insurance premium and will not be prorated between premium and Benefit Advisor Fee); and
- Attempt, on behalf of the Client, to recover overpayments made to the Benefit Advisor; however, Cigna shall not be responsible to the client for any uncollected amount.

**Client and Benefit Advisor further acknowledge that:**

- Cigna shall have no obligations with respect to the billing and remittance of the Benefit Advisor Fee other than as set forth above; and
- Such obligations shall terminate:
  - when the Cigna insurance policy or administrative services agreement with the Client to which the Benefit Advisor Fee relates terminates;
  - when the Benefit Advisor ceases to be the Client's Benefit Advisor;
  - when Client and/or Benefit Advisor revoke the foregoing authorizations, or
  - the date specified by Cigna when Cigna notifies Client and Benefit Advisor that it will cease billing and remitting the Benefit Advisor Fee.

**This section is only for Group Dental & Vision Insurance situated in the state of NY:**

Client and Benefit Advisor have agreed to the Benefit Advisor Fee reflected in the Compensation Details below. However, the Benefit Advisor Fee that will be included by Cigna in the premium for group dental and vision insurance and billed to the Client and paid to the Benefit Advisor will be determined exclusively based upon Cigna's commission schedule and any Supplemental Compensation for Special Services included in the NY Dental and Vision Producer Acknowledgement Form executed by the Benefit Advisor.

**Additional Terms (applicable to all business):**

Client and/or Benefit Advisor may revoke these authorizations at any time by giving 30 days' prior written notice to Cigna. Client acknowledges that in the event of such revocation, it will thereafter be responsible for the payment of all Benefit Advisor Fees and the performance of the tax information reporting and backup withholding with respect to the Benefit Advisor Fees.

This document constitutes the entire understanding and agreement of the parties and supersedes any prior agreement or understanding between them with regard to the subject matter hereof. The terms of this document can only be changed or waived by the mutual, written consent of the Client, the Benefit Advisor and Cigna.

Client hereby authorizes Cigna to act as its agent in paying the Benefit Advisor Fee identified in the Compensation Details to its designated Benefit Advisor within 60 business days of receipt of premium.





**Note:** No compensation whatever will be paid to the Benefit Advisor unless Benefit Advisor has met all applicable legal requirements (e.g. resident or non-resident license and appointment).

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation, HealthSpring, Inc. and Cigna Dental Health, Inc.

PRODUCER COMPENSATION DETAILS								
Client Name: City of Branson							Client Situs State: MO	
Product	Compensation Effective Date	Per Employee	Per Member	Employee Plus 1/ Spouse	Employee Plus 2/ Child	Employee Plus 3/ Family	Monthly Flat Amount (For Self-Insured Plan Only)	Percentage of Premium or Equivalent determined by Cigna as of 1/1/2024 converted to a PEPM amount (for self-insured plan only)
Facets HSA OAP	1/1/2024	\$18.00	\$	\$	\$	\$	\$	%
Facets Open Access Plus	1/1/2024	\$18.00	\$	\$	\$	\$	\$	%
Facets Open Access Plus	1/1/2024	\$18.00	\$	\$	\$	\$	\$	%



Dental PPO	1/1/2024	\$	\$	\$	\$	\$	\$	10.00%
Vision - C1 PPO Comprehensive	1/1/2024	\$	\$	\$	\$	\$	\$	10.00%

### CLIENT INFORMATION

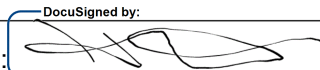
By signing below, you are confirming that you have agreed to the preceding terms and the Compensation Details outlined above.

Signer Name (Print):  
Larry Milton

Authorized Client Signature:

Date:

DocuSigned by:

  
261AD63D59A4441...  
City Attorney

ATTEST: \_\_\_\_\_ APPROVED AS TO FORM: \_\_\_\_\_ 11/9/2023  
Hillary Briand, City Clerk Date City Attorney Date

### WRITING PRODUCER/BENEFIT ADVISOR INFORMATION

Writing Producer Name (Print):  
John Starling

NPN or last  
4-digits of  
SSN:

Percentage of  
Compensation:  
100.00%

Producer Sales Office Location  
1616 Brookwood Dr. Little Rock AR 72202

\* if participating in our producer comp programs, this address will be used for qualification reporting.

Authorized Agent or Writing Producer Signature:

DocuSigned by:

  
DDB16AA00A544E4...

Date:

11/10/2023

By signing this document, I confirm that the person listed as the Writing Producer solicited, sold and /or negotiated the contract for this account and is properly licensed under applicable state regulations and appointed with Cigna to do so.

### Compensation made payable to:

Individual/Agency Name (Print):

Compensation Mailing Address  
1616 Brookwood Dr. Little Rock AR 72202

Corporate TIN or NPN:

Phone Number:

Email Address:



Additional Information (complete only if clarification is required):