

## Contract Summary Form

OC Expediter Requisition #: 1817417

Cigna HealthCare of California

### SUMMARY OF SIGNIFICANT CHANGES

1. Term: Extended for one (1) one-year term (to December 31, 2027). Page 4

### SUBCONTRACTORS

This contract does not currently include subcontractors or pass through to other providers.

### CONTRACT OPERATING EXPENSES

#### Financial/Payment Terms

1. Premium payment will be based upon the number of subscribers and associated rate as provided by the County to the Contractor on the monthly Premium Report. Payment for the month will be made on or before the 30<sup>th</sup> day of each month, representing payment for services provided in the current month, i.e. payment for the month of January will be paid by January 30<sup>th</sup>.
2. The effective date for mid-month enrollments due to a qualified life event for birth/adoption will be the date of birth/adoption and premiums will be charged based on coverage on the 15<sup>th</sup> of the month.
3. Quotes for annual rates will be net of commissions.
4. Contractor will allow for 60 days grace period for payment and premiums.
5. Contractor will allow for retroactive adjustments for eligibility changes.
6. Contractor agrees to not increase premium rates except on the policy anniversary.
7. Contractor will provide communication and mailings at the County's request with no additional cost.
8. Travel, travel time, and other related expenses will not to be charged to the County.

**Payment (Electronic Funds Transfer (EFT)):**

The County of Orange offers contractors the option of receiving payment directly to their bank account via an Electronic Fund Transfer (EFT) process in lieu of a check payment. Payment made via EFT will also receive an Electronic Remittance Advice with the payment details via e-mail. An e-mail address will need to be provided to the County of Orange via an EFT Authorization Form. The County of Orange, Auditor-Controller Agency will control and initiate payment. To request a form, please contact the agency/department representative listed in the Contract.

**Credits/Reimbursement**

Contractor will provide the following support and all available credits, including but not limited to communication, wellness, and implementation credits and/or onsite support are not built into your premium rates.

1. Contractor will provide an annual Wellness Credit for programs such as the Onsite Wellness and Fitness Center, Biometric Screenings, Chronic Condition Management services and other general wellness programs. In addition, Contractor shall provide the following onsite staff to the County at no cost: Health Coach, Wellbeing Coordinator, Clinical Therapist (licensed clinical social worker).

| Annual Wellness Funding | Year 1<br>2024 | Year 2<br>2025 | Year 3<br>2026 | Year 4, if<br>renewed<br>2027 | Year 5, if<br>renewed<br>2028 |
|-------------------------|----------------|----------------|----------------|-------------------------------|-------------------------------|
| Wellness Credit         | \$500,000      | \$500,000      | \$500,000      | \$500,000                     | \$500,000                     |

2. Annual Open Enrollment Communication Support: The Contractor will pay their pro-rata share of the cost OE communication development and distribution.