

***CIGNA HEALTH AND LIFE INSURANCE COMPANY***  
***(Herein called 'Cigna')***

Attached to and made part of Group Policy No. 3335139

It is hereby agreed that said policy is amended as follows:

- Page CSL-SCH(10-15) headed COVERAGE INFORMATION is deleted and the attached Pages headed COVERAGE INFORMATION is substituted therefore.

**CIGNA HEALTH AND LIFE INSURANCE COMPANY**  
**(Herein called 'Cigna')**

***Schedule of Insurance***

***Coverage Information***

Policyholder:	City of Fort Lauderdale
Policy Number:	3335139
Effective Date:	January 01, 2025
Issue Date:	October 09, 2024
Next Renewal Date:	January 01, 2026
State or other Jurisdiction of Issue:	Florida

***Notices***

For the purpose of any notices required under this policy, such notices should be sent to the addresses shown below:

Cigna Health and Life Insurance Company  
900 Cottage Grove Road, Hartford, CT 06152  
Attn: Stop Loss Unit

For questions regarding coverage or to get help in resolving a complaint, the phone number is:  
1-855-246-1874

City of Fort Lauderdale  
401 SE 21st Street  
Fort Lauderdale, FL 33316

Attn: Guy Hine  
ghine@fortlauderdale.gov  
954-828-5494

***Notice to Policyholder - ADDITIONAL PROGRAMS*** – Cigna may, from time to time, offer or arrange for various entities to offer discounts, benefits, services or other consideration to the Policyholder’s employees for the purpose of promoting their general health and well-being. For details about these programs, contact Cigna. Any such consideration shall be provided by Cigna in connection with its administrative services agreement for the administration of the Policyholder’s self-insured Plan and shall not be considered a benefit of this policy nor create any relationship between Cigna and the Policyholder’s employees with respect to this policy.

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**Individual Stop Loss Coverage**

**Policy Year:** January 01, 2025 to December 31, 2025

**Covered Expenses:** Claims that are Incurred between January 01, 2025 and December 31, 2025 and that Become Due on and after January 01, 2025

**Monthly Premium Rates:**  
For each covered employee \$65.89

**Individual Stop Loss Benefit Percentage Payable:** 100%

**Individual Stop Loss Limit:** \$500,000.00

The following Covered Persons have been identified as High Risk Individuals and shall be subject to the Individual Stop Loss Limit as specified below:

High Risk Individuals None

**Benefit Plans Covered by Individual Stop Loss Coverage:**

<u>Claim Administrator</u>	<u>Product</u>
Cigna	HRA Open Access Plus
Cigna	Mental Health/Substance Use Disorders
Cigna	OAP In-Network
Cigna	Open Access Plus
Cigna	Pharmacy Expense

**Cigna's Maximum Liability per individual:** Will be the individual maximum, if any, as set forth in the Benefit Plan less the Individual Stop Loss Limit

**Additional exclusions from Individual Stop Loss coverage under this policy:**

- Funds contributed by the company or an employee as part of a Health Reimbursement Account, Health Savings Account or Flexible Spending Account.
- Expenses resulting from fixed, per person, per period charges (fixed charges), if any, i.e., contractually determined periodic payments to certain providers based on the number of Plan participants entitled to receive services from the provider, in return for which, such providers furnish certain agreed-upon services to Plan participants.

Payment of premium is considered acceptance of this policy and the terms within.