

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
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Schedule of Insurance

Coverage Information

| | |
|---------------------------------------|-------------------------|
| Policyholder: | City of Fort Lauderdale |
| Policy Number: | 3335139 |
| Effective Date: | January 01, 2023 |
| Issue Date: | September 23, 2022 |
| Next Renewal Date: | January 01, 2024 |
| 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
100 N. Andrews 3rd Floor
Fort Lauderdale, FL 33301
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, 2023 to December 31, 2023

Covered Expenses: Claims that are Incurred between January 01, 2023 and December 31, 2023 and that Become Due on and after January 01, 2023

Monthly Premium Rates:

For each covered employee \$87.11

Individual Stop Loss Benefit Percentage Payable: 100%

Individual Stop Loss Limit: \$350,000.00

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.