

## CONTRACT AMENDMENT

AMENDMENT SUMMARY	
<b>Contract Details</b>	
Contract OFS Number-Version <i>(County internal use only)</i>	<b>301181</b>
Contract Effective Date	1/1/2021
<b>Amendment Details</b>	
Amendment OFS Number-Version <i>(County internal use only)</i>	<b>301181-3</b>
Amendment Effective Date	1/1/2023
Additional Time Period	1/1/2023-12/31/2023
Additional Amount	\$989,260.00
Fixed Price or Not-to-Exceed?	Fixed Price
<b>Parties</b>	
<b>Boulder County</b>	
Department	Human Resources Department
<b>Contractor</b>	
Contractor Name	Cigna Health and Life Insurance Company
<b>Brief Description of Work</b>	
Stop Loss insurance for Boulder County medical plans.	
<b>Additional Contract Documents</b>	
a. Stop Loss Quote attached as Exhibit A	
<b>COUNTY INTERNAL USE ONLY</b>	
<b>Purchasing Details</b>	
Bid Number	7139-20
Award Date	6/16/2020
If no Bid No., bid process used	Bid number provided above
COVID-19	NO
Project #	
Purchasing Notes <i>(optional)</i>	
<b>Amendment Notes</b>	
<i>Additional information not included above</i>	
<b>Authorized Signer:</b> Stacie Lukasiak, VP Funding and Stop Loss Solutions at Cigna, Stacie.Lukasiak@Cigna.com	

This AMENDMENT (“Amendment”) to the above-referenced Contract (“Contract”) is entered into by and between the Board of County Commissioners on behalf of the County of Boulder, State of Colorado, a body corporate and politic, for the benefit of the Human Resources Department (“County”) and Cigna Health and Life Insurance Company (“Contractor”).

1. INCORPORATION OF AMENDMENT SUMMARY

The **Amendment Summary** is incorporated into this Amendment. The **Additional Contract Documents**, if any are listed, are incorporated into this Contract by reference.

2. EFFECTIVE DATE AND ENFORCEABILITY

This Amendment shall not be effective or enforceable until it is approved and signed by both Parties. Upon mutual execution hereof, the Parties agree that this Amendment shall be effective commencing on the **Amendment Effective Date** set forth above.

3. LIMITS OF EFFECT

This Amendment is incorporated by reference into the Contract. The Contract, and all prior amendments thereto, if any, shall remain in full force and effect except as specifically modified herein.

4. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

a. Term. The term of the Contract shall be extended through the **Additional Time Period** set forth above.

b. Contract Documents. The Contract Documents are updated to include the **Additional Contract Documents** set forth above. The rates and terms contained in the **Additional Contract Documents** shall become effective on the **Amendment Effective Date**.

c. Amount. The price of the Contract is amended to include additional funds not-to-exceed the **Additional Amount** for Work performed during the **Additional Time Period**.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the Parties have executed and entered into this Amendment as of the latter day and year indicated below.

<b>SIGNED for and on behalf of Boulder County</b>	<b>SIGNED for and on behalf of Contractor</b>
Signature:	Signature:
Name: Claire Levy	Name: Stacie Lukasiak
Title:	Title:
Date:	Date:
↓↓ <i>For Board-signed documents only</i> ↓↓	
Attest Signature:	<i>Initial</i>
Attestor Name: Cecilia Lacey	
Attestor Title:	

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

Attached to and made part of Group Policy No. 3328645

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:	County of Boulder, State of Colorado
Policy Number:	3328645
Effective Date:	January 01, 2023
Issue Date:	November 17, 2022
Next Renewal Date:	January 01, 2024
State or other Jurisdiction of Issue:	Colorado

***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

County of Boulder, State of Colorado  
2025 14th Street  
Boulder, CO 80306  
Attn: Emily Cooper  
eicooper@bouldercounty.org  
303-441-3860

***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.

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

**Individual Stop Loss Coverage**

**Policy Year:** January 01, 2023 to December 31, 2023

**Covered Expenses:** Claims that are Incurred between July 01, 2006 and December 31, 2023 and that Become Due between January 01, 2023 and December 31, 2023

**Monthly Premium Rates:**  
For each covered employee \$45.85

**Renewal Advantage:**  
In consideration of additional premium paid, Cigna agrees that the Policyholder may renew Individual Stop Loss coverage at the next Renewal Date at rates determined in accordance with the following terms:

1. The premium rate for Individual Stop Loss will be increased by no more than 45% at the next renewal.
2. No Covered Persons will be added to the list of High Risk Individuals already on the Schedule page.

This Renewal Advantage agreement will apply provided that none of the circumstances set forth in items 1 through 5 and item 7 of the Rights to Change Terms of Coverage section have occurred during the Policy Year or the Policy Year beginning on January 01, 2024.

The premium paid for this provision is nonrefundable if the Policyholder chooses not to renew the Individual Stop Loss coverage with Cigna.

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

**Individual Stop Loss Limit:** \$450,000.00

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

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

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

<u>Claim Administrator</u>	<u>Product</u>
Cigna	HSA Open Access Plus Plan
Cigna	LocalPlus Plan
Cigna	Mental Health/Substance Use Disorders
Cigna	Open Access Plus Plan
Caremark	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.
- All Retirees

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/04/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> The Cigna Group 900 Cottage Grove Road Bloomfield CT 06002 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Property & Casualty Insurance Co.		20699
	INSURER D: Lexington Insurance Company		19437
	INSURER E: American Guarantee & Liability Ins Co		26247
INSURER F:			

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570098895110      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDOG72482256 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25558285 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XEUG7258448A001 Excludes Pol# #35407110	07/01/2022	07/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WLRC68915247 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D	Managed Care Liability			33085874 Managed Care E&O SIR applies per policy terms & conditions	07/01/2022	07/01/2023	Agg-Claims Made \$15,000,000

570098895110

Certificate No :

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The Products Liability policy #35407110 evidenced on this certificate is a claims made policy. County of Boulder, State of Colorado, a body corporate and politic are included as Additional Insured in accordance with the policy provisions of the General Liability policy where required by written contract. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability policy where required by written contract. See the attached list of additional Named Insureds.

**CERTIFICATE HOLDER**

**CANCELLATION**

County of Boulder, State of Colorado Attn: Hiroko Sakai 2020 13th Street Boulder CO 80302 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Cigna Group	
POLICY NUMBER See Certificate Number: 570098895110			
CARRIER See Certificate Number: 570098895110	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
E				AXF967096614	07/01/2022	07/01/2023	Aggregate	\$5,000,000
							Each Occurrence	\$5,000,000
	OTHER							
D	Products Liability			35407110 Express scripts Only	07/01/2022	07/01/2023	Comp/Op Agg	\$4,000,000

## Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.  
Accredo Health, Incorporated  
AHG of New York, Inc.  
Airport Holdings, LLC  
Allegiance Benefit Plan Management, Inc.  
Allegiance Cobra Services, Inc.  
Bravo Health Mid-Atlantic, Inc.  
Brighter Inc.  
Biopartners in Care, Inc.  
Care Continuum, Inc.  
CareCore National Group, LLC  
CareCore National Intermediate Holdings, LLC  
CareCore National, LLC  
CareCore NJ, LLC  
CareNext Managed Care, LLC  
CareNext Post-Acute, LLC  
Chiro Alliance Corporation  
Cigna Corporate Services, LLC  
Cigna Dental Health of California, Inc.  
Cigna Dental Health of Delaware, Inc.  
Cigna Dental Health of Florida, Inc.  
Cigna Dental Health of Kentucky, Inc.  
Cigna Dental Health of Maryland, Inc.  
Cigna Dental Health of Missouri  
Cigna Dental Health of New Jersey, Inc.  
Cigna Dental Health of North Carolina, Inc.  
Cigna Dental Health of Ohio, Inc.  
Cigna Dental Health of Pennsylvania, Inc.  
Cigna Dental Health of Texas, Inc.  
Cigna Dental Health of Virginia, Inc.  
Cigna Dental Health Plan of Arizona, Inc.  
Cigna Dental Health, Inc.  
Cigna European Services (UK) Limited  
Cigna Health and Life Insurance Company  
Cigna Health Management, Inc.  
Cigna Healthcare of Arizona, Inc.  
Cigna Healthcare of California, Inc.  
Cigna HealthCare of Colorado, Inc.  
Cigna HealthCare of Connecticut, Inc.  
Cigna HealthCare of Florida, Inc.  
Cigna Healthcare of Georgia, Inc.  
Cigna HealthCare of Illinois, Inc.  
Cigna HealthCare of Indiana, Inc.  
Cigna HealthCare of New Hampshire, Inc.  
Cigna HealthCare of New Jersey, Inc.  
Cigna Healthcare of North Carolina, Inc.  
Cigna HealthCare of St. Louis, Inc.  
Cigna HealthCare of South Carolina, Inc.  
Cigna Healthcare of Tennessee, Inc.  
Cigna HealthCare of Texas, Inc.  
Cigna Healthcare of Utah, Inc.  
Cigna Healthcare, Inc.  
Connecticut General Life Insurance Company  
CuraScript, Inc.  
Diversified NY IPA, Inc.  
Diversified Pharmaceutical Services, Inc.  
Econdisc Contracting Solutions, LLC  
ESI Canada  
ESI GP Canada ULC  
ESI GP Holdings, Inc.  
ESI GP2 Canada ULC  
ESI Mail Order Processing, Inc.  
ESI Mail Pharmacy Service, Inc.  
ESI Partnership  
ESI Resources, Inc.  
Evernorth Behavioral Health Inc.  
f/k/a Cigna Behavioral Health, Inc.  
Evernorth Behavioral Health of California, Inc.  
f/k/a Cigna Behavioral Health of California, Inc.  
Evernorth Behavioral Health of Texas, Inc.  
f/k/a Cigna Behavioral Health of Texas, Inc.  
Evernorth Care Group f/k/a Cigna Medical Group  
Evernorth Care Solutions, Inc.  
Evernorth Direct Health, LLC  
eviCore healthcare MSI, LLC  
Express Reinsurance Company  
Express Scripts Administrators LLC  
Express Scripts Canada Co.  
Express Scripts Canada Holding Co.  
Express Scripts Canada Holding, LLC  
Express Scripts Canada Services  
Express Scripts Canada Wholesale  
Express Scripts Holding Company  
Express Scripts Holding Company, Inc.  
Express Scripts, Inc.  
Express Scripts Pharmaceutical Procurement, LLC  
Express Scripts Pharmacy Atlantic, Ltd.  
Express Scripts Pharmacy Central, Ltd.  
Express Scripts Pharmacy Ontario, Ltd.  
Express Scripts Pharmacy West, Ltd.  
Express Scripts Pharmacy, Inc.  
Express Scripts Sales Operations, Inc.

## Additional Named Insureds (2 of 2)

Express Scripts Senior Care Holdings, Inc.  
Express Scripts Senior Care, Inc.  
Express Scripts Specialty Distribution Services, Inc.  
Express Scripts Strategic Development, Inc.  
Express Scripts Services Co.  
Express Scripts Utilization Management Company  
Freco, Inc.  
Freedom Service Company, LLC  
Gulfquest, LP  
Healthbridge Reimbursement & Product Support, Inc.  
Healthbridge, Inc.  
HealthCare of Colorado, Inc.  
Healthspring Life & Health Insurance Company, Inc.  
Healthspring of Florida, Inc.  
Healthspring USA, LLC  
Healthspring, Inc.  
Home Physicians Management, LLC  
Innovative Product Alignment, LLC  
Inside RX, LLC  
Lynnfield Compounding Center, Inc.  
Lynnfield Drug, Inc.  
MAH Pharmacy, LLC  
Matrix GPO, LLC  
Matrix Healthcare Services, Inc.  
MDLIVE, Inc.  
Medco Containment Insurance Company of NY  
Medco Containment Life Insurance Company  
Medco Health Services, Inc.  
Medco Health Solutions, Inc.  
MedSolutions Holdings, Inc.  
MedSolutions of Texas, Inc.  
MHS Holdings, CV  
MSI Health Organization of Texas, Inc.  
MyM Technology Services, LLC  
myMatrixx Holdings, LLC  
myMatrixx-B, LLC  
Newquest Management Northeast, LLC  
Newquest Management of Alabama, LLC  
Newquest, LLC  
Palladian Health of Florida, LLC  
Palladian Independent Practice Association, LLC  
Priority Healthcare Corporation  
Priority Healthcare Distribution, Inc.  
QPID Health, LLC  
Quallent Pharmaceuticals Health LLC  
Specialty Products Acquisitions, LLC

SpectraCare Health Care Ventures, Inc.  
SpectraCare, Inc.  
Tel-Drug of Pennsylvania, L.L.C.  
Tel-Drug, Inc.  
Verity Solutions Group, Inc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/04/2023

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> The Cigna Group 900 Cottage Grove Road Bloomfield CT 06002 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Lexington Insurance Company		19437
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER:** 570098894424      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
B	Cyber Liability			33085874 Security and Privacy Liab	07/01/2022	07/01/2023	Agg-Claims Made	\$15,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 County of Boulder, State of Colorado, a body corporate and politic are included as Additional Insured in accordance with the policy provisions of the Cyber Liability policy, where required by written contract. See attached list of additional Named Insured.

**CERTIFICATE HOLDER**

**CANCELLATION**

County of Boulder, State of Colorado Attn: Hiroko Sakai 2020 13th Street Boulder CO 80302 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

Holder Identifier :

570098894424

Certificate No :



## Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.	DNA Direct, Inc.
Accredo Health, Incorporated	Econdisc Contracting Solutions, LLC
AHG of New York, Inc.	ESI Canada
Airport Holdings, LLC	ESI GP Canada ULC
AS Acquisition Corp.	ESI GP Holdings, Inc.
Biopartners in Care, Inc.	ESI GP2 Canada ULC
Care Continuum, Inc.	ESI Mail Order Processing, Inc.
CareCore National Group, LLC	ESI Mail Pharmacy Service, Inc.
CareCore NJ, LLC (dba eviCore healthcare NJ ODS)	ESI Partnership
CCN NMO, LLC (dba eviCore healthcare IPA)	ESI Resources, Inc.
CCN-WYN IPA, LLC (dba eviCore healthcare IPA)	Evernorth Behavioral Health Inc.
Chiro Alliance Corporation	f/k/a Cigna Behavioral Health, Inc.
Choicelinx Corporation	Evernorth Behavioral Health of California, Inc.
Cigna Arbor Life Insurance Company	f/k/a Cigna Behavioral Health of California, Inc.
CIGNA Corporation	Evernorth Behavioral Health of Texas, Inc.
Cigna Corporation Et Al	f/k/a Cigna Behavioral Health of Texas, Inc.
Cigna Dental Health of California, Inc.	Evernorth Care Solutions, Inc.
Cigna Dental Health of Colorado, Inc.	Evernorth Direct Health, LLC
Cigna Dental Health of Delaware, Inc.	eviCore healthcare MSI, LLC (dba eviCore healthcare)
Cigna Dental Health of Florida, Inc.	Express Reinsurance Company
Cigna Dental Health of Kentucky, Inc.	Express Scripts Administrators LLC
Cigna Dental Health of Maryland, Inc.	Express Scripts Canada Co.
Cigna Dental Health of New Jersey, Inc.	Express Scripts Canada Holding Co.
Cigna Dental Health of North Carolina, Inc.	Express Scripts Canada Holding, LLC
Cigna Dental Health of Ohio, Inc.	Express Scripts Canada Services
Cigna Dental Health of Pennsylvania, Inc.	Express Scripts Canada Wholesale
Cigna Dental Health of Texas, Inc.	Express Scripts Holding Company, Inc.
Cigna Dental Health of Virginia, Inc.	Express Scripts Pharmaceutical Procurement, LLC
Cigna Dental Health Plan of Arizona, Inc.	Express Scripts Pharmacy Atlantic, Ltd.
CIGNA EUROPE INSURANCE COMPANY S.A.-N.V.	Express Scripts Pharmacy Central, Ltd.
Cigna European Services UK Limited (CESL)	Express Scripts Pharmacy Ontario, Ltd.
Cigna European Services UK Limited, Barcelona	Express Scripts Pharmacy West, Ltd.
Cigna Global Health Benefits (CGHB)	Express Scripts Pharmacy, Inc.
Cigna Health and Life Insurance Company (CHLIC)	Express Scripts Sales Operations, Inc.
Cigna Health Management Inc.	Express Scripts Senior Care Holdings, Inc.
CIGNA HEALTHCARE OF CALIFORNIA, INC.	Express Scripts Senior Care, Inc.
Cigna HealthCare of Connecticut, Inc	Express Scripts Services Co.
Cigna Healthcare of Georgia, Inc.	Express Scripts Specialty Distribution Services, Inc.
Cigna Healthcare of South Carolina, Inc.	Express Scripts Strategic Development, Inc.
Cigna HealthCare of St. Louis, Inc.	Express Scripts Utilization Management Company
Cigna HLA Technology Services LTD	Express Scripts, Inc.
Cigna Insurance Middle East S.A.L.	Freco, Inc.
Cigna International Health Services BVBA	Freedom Service Company, LLC
Cigna Life Insurance Company of Europe, Madrid	GulfQuest, LP
Connecticut General Life Insurance Company (CGLIC)	Healthbridge Reimbursement & Product Support, Inc.
CuraScript, Inc.	Healthbridge, Inc.
Diversified NY IPA, Inc	HealthFortis, Inc.
Diversified Pharmaceutical Services, Inc.	HealthSpring, Inc.

## Additional Named Insureds (2 of 2)

HealthSpring Life & Health Insurance Company, Inc.  
HealthSpring of Florida, Inc.  
Innovative Product Alignment, LLC  
Inside RX, LLC  
Integricare Healthplan of Texas, Inc.  
L&C Investments, LLC  
Landmark Healthcare Arizona, Inc.  
Landmark Healthcare Colorado, Inc.  
(dba eviCore healthcare MSK Colorado)  
Landmark Healthcare New Jersey, Inc.  
Landmark Healthcare New Mexico, Inc.  
Landmark Healthcare Services, Inc.  
(dba eviCore Healthcare MSK Services)  
Landmark Healthcare, Inc.  
(dba eviCore healthcare MSK)  
Lynnfield Compounding Center, Inc.  
Lynnfield Drug, Inc.  
MAH Pharmacy, LLC  
Matrix GPO, LLC  
Matrix Healthcare Services, Inc.  
MDLIVE, Inc.  
Medco Containment Insurance Company of NY  
Medco Containment Life Insurance Company  
Medco Europe II, LLC  
Medco Europe, LLC  
Medco Health Puerto Rico, LLC  
Medco Health Services, Inc.  
Medco Health Solutions [Ireland] Limited  
Medco Health Solutions, Inc.

Medco International Holdings, BV  
MedSolutions Holdings, Inc.  
MedSolutions Holdings, Inc.  
MedSolutions of Texas, Inc.  
MedSolutions, Inc. (dba eviCore healthcare)  
MHS Holdings, CV  
MSI Health Organization of Texas, Inc.  
MyM Technology Services, LLC  
myMatrixx Holdings, LLC  
myMatrixx-B, LLC  
New Quest Management of Alabama LLC  
Palladian Health of Florida, LLC  
Palladian Independent Practice Association, LLC  
Premerus, Inc.  
Priority Healthcare Corporation  
Priority Healthcare Distribution, Inc.  
QPID Health, Inc.  
SpectraCare Health Care Ventures, Inc.  
SpectraCare, Inc.  
Strategic Pharmaceutical Investments, LLC  
Systemed, LLC  
The Vaccine Consortium, LLC  
Triad Healthcare, Inc. (dba eviCore healthcare  
MSK Services of Connecticut)  
Verity Solutions Group, Inc.

**Certificate Of Completion**

Envelope Id: 1F3103696F4F4287A0FF5AC76A72D3F8	Status: Sent
Subject: Cigna Health and Life Insurance Company-Stop Loss Insurance for medical plans (\$989,260.00)	
Type of Document: Agreement	
Department/Office: Oracle	
Source Envelope:	
Document Pages: 14	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Magali Echeagaray
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	2025 14th St
	Boulder, CO 80302
	mecheagaray@bouldercounty.org
	IP Address: 147.154.25.18

**Record Tracking**

Status: Original	Holder: Magali Echeagaray	Location: DocuSign
7/13/2023 1:05:37 PM	mecheagaray@bouldercounty.org	

**Signer Events**

Signature	Timestamp
Stacie Lukasiak	Sent: 7/13/2023 1:11:01 PM

Stacie.Lukasiak@Cigna.com

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Cecilia Lacey

clacey@bouldercounty.org

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Claire Levy

cl Levy@bouldercounty.org

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Cecilia Lacey

clacey@bouldercounty.org

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign**In Person Signer Events**

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**Editor Delivery Events**

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**Agent Delivery Events**

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**Intermediary Delivery Events**

Status	Timestamp
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**Certified Delivery Events**

Status	Timestamp
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**Carbon Copy Events**

Status	Timestamp
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<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent	Hashed/Encrypted	7/13/2023 1:11:01 PM
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<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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