

Effective Date: July 1, 2025



# Cigna Healthcare<sup>SM</sup>

Financial Proposal For  
Miami Kidney Group



Date Generated: May 27, 2025

**Benefits & Total Rate Overview: Level Funding**  
**Q3 LF Single OAPIN \$30k 120% 50%**

Plan	Copy of OAPIN_2-2_(2) (37634086)	
Product	Open Access Plus	
In-Network		
Deductible (Single/Family)	\$4,750 / \$9,500 (Non-Collective)	
Out-of-Pocket (Single/Family)	\$8,100 / \$16,200 (Non-Collective)	
Coinsurance	70%	
Physician Services - PCP	\$40 + 100%	
Physician Services - SPC	\$80 + 100%	
Inpatient Services	\$750/Day + 100%	
Outpatient Services	\$750 + 100%	
Emergency Room	\$700 + 100%	
Urgent Care	\$125 + 100%	
MDLive Virtual - UC	100%	
Lab Services - OV	Same as Phy. OV	
Lab Services - Ind. Lab	100%	
Adv. Radiology - Outpatient	70% ^	
Outpatient PT	Same as Spc. OV	
Outpatient Speech & OT	Same as Spc. OV	
Chiropractic Care	Plan Coins	
Pharmacy		
Pharmacy Network	Cigna 90 Now Walgreens	
Client Anchor	NA	
Formulary/PDL	Advantage	
Retail	\$25/\$100/\$200/50%	
Home Delivery Drug	\$63/\$250/\$500/50%	
Out-of-Network		
Deductible	NA/NA	
Out-of-Pocket	NA/NA	
Coinsurance	NA	
Total Rates		
Employee	18	\$586.00
Emp + Spouse	0	\$1,171.99
Emp + Child(ren)	1	\$1,113.41
Emp + Family	0	\$1,816.60
Grand Total Monthly Cost		<b>\$11,661.41</b>

Detailed Rates : Level Funding  
Q3 LF Single OAPIN \$30k 120% 50%

Plan: Copy of OAPIN_2-2_(2)			Product: Open Access Plus				
	Subs	Admin Fee	Individual Stop Loss	Aggregate Stop Loss	Fixed Costs	Claims Funding	Total Costs
Employee	18	\$52.09	\$164.28	\$50.16	\$266.53	\$319.47	\$586.00
Emp + Spouse	0	\$104.17	\$328.56	\$100.32	\$533.05	\$638.94	\$1,171.99
Emp + Child(ren)	1	\$98.96	\$312.14	\$95.31	\$506.41	\$607.00	\$1,113.41
Emp + Family	0	\$161.47	\$509.27	\$155.50	\$826.24	\$990.36	\$1,816.60
Monthly Cost	19	\$1,036.58	\$3,269.18	\$998.19	\$5,303.95	\$6,357.46	\$11,661.41
Cost Summary		Admin Fee	Individual Stop Loss	Aggregate Stop Loss	Fixed Costs	Claims Funding	Total Costs
Monthly Total		\$1,036.58	\$3,269.18	\$998.19	\$5,303.95	\$6,357.46	\$11,661.41
Annual Total		\$12,438.96	\$39,230.16	\$11,978.28	\$63,647.40	\$76,289.52	\$139,936.92
Funding Details							
Individual Stop Loss Limit (Medical & Rx)				\$30,000			
Corridor Factor (Total)				120%			
Surplus Share				1/2 retained by Cigna Healthcare, 1/2 returned to the Employer			
Benefit Advisor Fees / Commissions				\$40.00 PEPM			

**Proposal Terms & Conditions: Level Funding**  
**Q3 LF Single OAPIN \$30k 120% 50%**

**A. General Terms of this Proposal**

Cigna Healthcare is pleased to present this Proposal for an Administrative Services Only group Medical, Pharmacy, Behavioral Health benefit plan (the "Plan") sponsored by Miami Kidney Group. This proposal is valid for 60 days from its original date of release, 05/27/2025. 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:

- I. 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 FL.
3. the group size differs from what was presumed 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 26.
5. the final enrollment deviates from the quoted enrollment, by product or for total account, 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, Vision or like products for all of Miami Kidney Group's employees in all worksites.
8. benefit advisor fees/commissions are requested to be different than \$40.00 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.
- II. This proposal made by Cigna Healthcare is contingent upon:
  - Cigna Healthcare's receipt of the following information: -Completed medical history questionnaire 30 days prior to the policy effective date.
  - 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:

- I. 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, Cigna Total Behavioral Advantage.
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. includes a maximum reimbursable charge (MRC) for out-of-network coverage equal to XXX% of a fee schedule developed by Cigna Healthcare 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, Cigna may determine the MRC based on a rate for the same or similar service or supply by applying a Medicare-based methodology that Cigna deems appropriate.
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.
- II. 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 19 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. includes fixed charges for Embarc Benefit Protection<sup>SM</sup>, a network solution for certain high-cost gene therapy drugs arranged by eviCore.

23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. assumes applicable requirements of the Patient Protection and Affordable Care Act will be implemented on the effective date/renewal date unless you direct otherwise.
29. 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. Miami Kidney Group shall pay Cigna Healthcare 33% of the savings (billed charges less negotiated rate x .33) which shall be taken from Miami Kidney Group's bank account when the claim for covered services is paid.
30. assumes that dental/vision benefits will be under a separate ASO agreement and are excepted benefits and not subject to HIPAA and ACA requirements.
31. 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:
  - Average Brand Discount: Average Wholesale Price - 22.80%
  - Average Generic Discount: Average Wholesale Price - 87.95%
  - Average Specialty Discount: Average Wholesale Price - 21.86%
  - Average Dispensing Fee: \$1.14

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.
32. does not apply to individuals unless employed by the policyholder or an entity that participates in an association or trust that is the policyholder.
  - **ADDITIONAL GENERAL TERMS OF THIS PROPOSAL:**
33. 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.
34. For Cigna Diabetes Prevention Program in Collaboration with Omada, if elected fees charged by the network provider via the claim account are as follows: \$235 Enrollment fee charged via claim when the member enrolls in the program. Following Enrollment, claims will vary based on the amount of weight lost.

### **C. Additional Representations & Disclosures**

- I. The quoted rates are subject to final Underwriting approval.
2. 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.
3. Cigna Healthcare may pay on your behalf any applicable state tax or assessment imposed upon your plan by drawing upon the bank account.
4. 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.
5. 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.
6. 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.
7. 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.
8. If state required regulatory approval has not been obtained on the proposed effective date, the health plan shall use rates consistent with its then currently approved rating methodology and the quoted rates shall be effective on the approval date.
9. 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.
10. High level benefits summary shown on Benefits & Total Rates Overview. 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.
11. Cigna Healthcare reserves the right to change the Quoted Rates and/or Quoted Benefits or to decline to offer coverage 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 while coverage is in effect, you agree to notify us promptly of such change.
12. The Underwriting Contingencies set forth above shall survive execution of any insurance policy, application, etc., issued by Cigna Healthcare or any affiliated company, and shall further survive the effective date of any such policies.
13. The benefits displayed in this summary are, for the most part, modular benefit packages used to develop the rates. Please review the Benefit Summary and its attachments for information about the benefits available in your sites.

14. "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.



# We've got you covered

Integrated health plans that are better by design for employers with 25-499 employees



Healthcare can be complex, but Cigna Healthcare<sup>SM</sup> is here to walk alongside you - to help make it easier for you and your employees to make the best health and care decisions. Healthcare that's better by design - with plans that include everything your small to mid-sized business needs.

- Dedicated implementation manager
- Pre-enrollment hotline and ongoing support
- Dedicated client manager
- Dedicated service teams
- Health engagement team
- myCigna<sup>®</sup> website and app
- 24/7 live customer service, including Cigna One Guide<sup>®</sup>
- 24/7 Health Information Line
- Virtual care through MDLIVE<sup>®</sup> with urgent care, primary care, dermatology<sup>2</sup> and behavioral health
- Cigna Pathwell Specialty<sup>®</sup> guides those who take specialty medications
- Cigna Pathwell Bone & Joint<sup>®</sup> guides those with musculoskeletal conditions
- Emotional well-being services, including three face-to-face (in person or virtual) visits<sup>3</sup>
- Patient Assurance Program with \$25 cost caps for select insulins<sup>4</sup>
- Diabetes prevention program with Omada<sup>®5</sup>
- 24/7 condition-specific support with Accredo Therapeutic Resource Centers<sup>®</sup>
- Cigna Healthcare Well-Being Solution
- Identity theft protection<sup>6</sup>
- Healthy, affordable meal kit discounts with HelloFresh<sup>®7</sup>
- EDI (Electronic Data Interchange) feeds available
- Prudential Pathways – financial well-being seminars



Ready to learn more about what's included in a Cigna Healthcare plan?  
**Contact your broker or Cigna Healthcare representative.**



1. Cigna Healthcare provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna Healthcare also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas.
2. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care.
3. Employee assistance program services are in addition to, not instead of, health plan benefits. These services are separate from health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.
4. Patient Assurance Program results as of August 2022 – caps contingent on adoption/availability of Program including, without limitation, availability of manufacturer value. Health benefit plans vary. Caps contingent on adoption/availability of Patient Assurance Program including, without limitation, availability of manufacturer value. Health benefit plans vary.
5. Program is offered through Omada Health, Inc., an independent company/entity. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. Costs are subject to change. Digital programming sales tax may apply in some states (including WA and TX). For most health plans, claims are insured/administered as a 100% covered preventive care benefit. Participants must meet certain risk criteria to be eligible for this benefit. Age and clinical limitations may apply. Not all preventive care services are covered. See plan documents for cost and coverage details.
6. Cigna Healthcare medical plan subscribers of employer groups with 25–499 employees get the identity theft program at no additional charge. The program and services are provided by TransUnion and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability may vary by location and plan type and is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof.  
Your use of such products, processes or services are at your sole risk. Not available for insured clients situated in NY and NJ.
7. Options for Cigna Healthcare clients at a discounted price based on the invoiced amount.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT) (CHLIC), Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Express Scripts, Inc., or their affiliates. (L) In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HCCER1V1 et al.-(CHLIC); GSA-COVER, et al. (CHC-TN).

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## 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? \_\_\_\_\_
- What is the reimbursement order? Does the HSA and/or HRA fund pay first, or something else? \_\_\_\_\_
- 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: \_\_\_\_\_

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!

Miami Kidney Group

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

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

Title: \_\_\_\_\_



Cigna Healthcare reserves the right to change the Quoted Rates and/or Quoted Benefits or to decline to offer services or coverage 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 while services or coverage is in effect, you agree to notify us promptly of such change.

The "Contingencies" set forth above shall survive execution of any services or insurance policy, application, etc., issued by Cigna Healthcare or any affiliated company, and shall further survive the effective date of any such agreement or policies.

The benefits displayed in this summary are, for the most part, modular benefit packages used to develop the rates. Please review the Benefit Summary and its attachments for information about the benefits available in your sites.

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I UNDERSTAND AND AGREE ON BEHALF OF CONTRACTHOLDER OR POLICYHOLDER THAT CIGNA HEALTHCARE MAY, NOTWITHSTANDING THE TERMS OF ANY APPLICABLE INSURANCE POLICY OR SERVICE AGREEMENT, REVISE ANY RATES OR FEES AT ANY TIME IF THE ENROLLMENT OR EMPLOYER CONTRIBUTION LEVEL IS DIFFERENT THAN ASSESSED 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 OR POLICY AS A RESULT OF ANY CHANGE IN LAW OR REGULATION.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Title