



## CONTRACT AMENDMENT COVER SHEET

<b>Agency Tracking #</b> 31786-00126	<b>Edison ID</b> 47605	<b>Contract #</b> 47605	<b>Amendment #</b> 3		
<b>Contractor Legal Entity Name</b> Cigna Health and Life Insurance Company			<b>Edison Vendor ID</b> 5518		
<b>Amendment Purpose &amp; Effect(s)</b> One-year extension of the contract					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<b>End Date:</b> 12/31/2020		
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>\$ 7,000,000.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2016			\$2,900,000		\$2,900,000
2017			\$6,000,000		\$6,000,000
2018			\$6,200,000		\$6,200,000
2019			\$6,500,000		\$6,500,000
2020			\$6,800,000		\$6,800,000
2021			\$3,600,000		\$3,600,000
<b>TOTAL:</b>					<b>\$32,000,000.00</b>
<b>American Recovery and Reinvestment Act (ARRA) Funding:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			<i>CPO USE</i>		
<b>Veronica Coleman Ivh</b>		Digitally signed by Veronica Coleman Ivh DN: cn=Veronica Coleman Ivh, o=Finance & Administration, ou=Office of Business and Finance, email=lisa.vonhaeger@tn.gov, c=US Date: 2019.06.18 11:24:11 -05'00'			
<b>Speed Chart (optional)</b>		<b>Account Code (optional)</b>			
		<i>CM</i>			

**AMENDMENT THREE  
OF CONTRACT 47605**

This Amendment is made and entered by and between the State of Tennessee, State Insurance Committee, Local Education Insurance Committee, and Local Government Insurance Committee, hereinafter referred to as the "State" and Cigna Health and Life Insurance Company, hereinafter referred to as the "Contractor". For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

**B. TERM OF CONTRACT:**

- B.1. This Contract shall be effective on October 1, 2015, and extend for a period of sixty-three (63) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date.

**C. PAYMENT TERMS AND CONDITIONS:**

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Thirty Two Million Dollars (\$32,000,000.00) ("Maximum Liability"). This Contract does not grant the Contractor any exclusive rights. The State does not guarantee that it will buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the Contractor will only be paid for goods or services provided under this Contract after a purchase order is issued to Contractor by the State or as otherwise specified by this Contract.
- C.3. Payment Methodology. The Contractor shall be compensated based on the level of coverage in the Prepaid Dental Program elected by Subscribers and the premium rates presented below, in a total amount not to exceed the Contract Maximum Liability established in section C.1.
- a. The Contractor's compensation shall be contingent upon the satisfactory completion of services defined in Section A *Pro Forma* Contract.
  - a. The Contractor shall be compensated based upon the following rates:
    - (1) For service performed from January 1, 2016, through December 31, 2020, the following rates shall apply:

<b>Four Tiered Guaranteed Monthly Premiums for Active Subscribers</b>	<b>Calendar Year 2016 1/1/2016 – 12/31/2016</b>	<b>Calendar Year 2017 1/1/2017 – 12/31/2017</b>	<b>Calendar Year 2018 1/1/2018 – 12/31/2018</b>	<b>Calendar Year 2019 1/1/2019 – 12/31/2019</b>	<b>Calendar Year 2020 1/1/2020 – 12/31/2020</b>
Employee	\$12.61 /Active Subscriber	\$12.99 /Active Subscriber	\$13.44 /Active Subscriber	\$13.44 /Active Subscriber	\$13.44 /Active Subscriber
Employee + Spouse	\$22.35 /Active Subscriber	\$ 23.02/Active Subscriber	\$23.83 /Active Subscriber	\$23.83 /Active Subscriber	\$23.83 /Active Subscriber
Employee + Child(ren)	\$26.18 /Active Subscriber	\$26.97 /Active Subscriber	\$27.91 /Active Subscriber	\$27.91 /Active Subscriber	\$27.91 /Active Subscriber
Employee + Spouse + Child(ren)	\$30.73 /Active Subscriber	\$ 31.65/Active Subscriber	\$32.76 /Active Subscriber	\$32.76 /Active Subscriber	\$32.76 /Active Subscriber
<b>Four Tiered Guaranteed Monthly Premiums for Retiree Subscribers</b>	<b>Calendar Year 2016 1/1/2016 – 12/31/2016</b>	<b>Calendar Year 2017 1/1/2017 – 12/31/2017</b>	<b>Calendar Year 2018 1/1/2018 – 12/31/2018</b>	<b>Calendar Year 2019 1/1/2019 – 12/31/2019</b>	<b>Calendar Year 2020 1/1/2020 – 12/31/2020</b>
Retiree	\$13.87 /Retiree Subscriber	\$14.29 /Retiree Subscriber	\$14.79 /Active Subscriber	\$14.79 /Active Subscriber	\$14.79 /Active Subscriber
Retiree + Spouse	\$24.59 /Retiree Subscriber	\$25.33 /Retiree Subscriber	\$26.22 /Active Subscriber	\$26.22 /Active Subscriber	\$26.22 /Active Subscriber
Retiree + Child(ren)	\$28.81 /Retiree Subscriber	\$29.67 /Retiree Subscriber	\$30.71 /Active Subscriber	\$30.71 /Active Subscriber	\$30.71 /Active Subscriber
Retiree + Spouse + Child(ren)	\$33.79 /Retiree Subscriber	\$34.80 /Retiree Subscriber	\$36.02 /Active Subscriber	\$36.02 /Active Subscriber	\$36.02 /Active Subscriber

**Required Approvals.** The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

**Amendment Effective Date.** The revisions set forth herein shall be effective September 1, 2019. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

CIGNA HEALTH AND LIFE INSURANCE COMPANY:



6/13/19

SIGNATURE

DATE

GREGORY ALLEN - PRESIDENT, CIGNA MIDSOUTH

PRINTED NAME AND TITLE OF SIGNATORY (above)

STATE INSURANCE COMMITTEE,  
LOCAL EDUCATION INSURANCE COMMITTEE,  
LOCAL GOVERNMENT INSURANCE COMMITTEE:



STUART C. MCWHORTER, CHAIRMAN

7-1-19

DATE