FIRST AMENDMENT

This Amendment is made and entered into on the date last executed below (the "Effective Date"), by and between Pinellas County, a political subdivision of the State of Florida (hereinafter referred to as "County"), and Cigna Health and Life Insurance Company and its affiliates located at, 900 Cottage Grove Road, Hartford, CT 061562 (hereinafter referred to as "Contractor").

WITNESSETH:

WHEREAS, the County and the Contractor entered into an agreement beginning on January 1, 2022, referred to as Pinellas County Contract No. 21-0179-P(LN) (hereinafter "Agreement"), pursuant to which the Contractor agreed to provide services for the County employee dental plan; and

WHEREAS, the term of the Agreement is for five (5) years, ending on December 31, 2026; and

WHEREAS, Section 25 ("Amendment") of the Agreement provides that the Agreement may be amended by mutual written agreement of the Parties; and

WHEREAS, the County and the Contractor now wish to modify the Agreement in order to provide for a term extension with the modified terms, conditions, and pricing set forth herein;

NOW THEREFORE, the Parties agree that the Agreement is amended as follows:

1. The Term of the Agreement is extended for an additional twenty-four (24) months from December 31, 2026, to December 31, 2028.
2. Effective on January 1, 2027, Exhibit C – Fee Schedule is replaced in its entirety with the attached Amendment No. 1 Exhibit C – Fee Schedule.
3. The Agreement is amended to incorporate Exhibit E, ASO Dental Renewal Exhibit, attached hereto. Exhibit E will become effective on January 1, 2027.
4. The Agreement is amended to incorporate Exhibit F, Dental HMO Renewal Exhibit, attached hereto. Exhibit F will become effective on January 1, 2027.
5. Except as changed or modified herein, all provisions and conditions of the original Agreement and any amendments thereto shall remain in full force and effect.

Each Party to this Amendment represents and warrants that (i) it has the full right and authority and has obtained all necessary approvals to enter into this Amendment; (ii) each person executing this Amendment on behalf of the Party is authorized to do so; (iii) this Amendment constitutes a valid and legally binding obligation of the Party, enforceable in accordance with its terms.

IN WITNESS WHEREOF, the Parties herein have caused this First Amendment to be executed by their undersigned officials, who are duly authorized to bind the Parties to the Amendment.

Pinellas County, a political subdivision
of the State of Florida

By: _____
Signature

Name: _____
Typed, printed, or stamped

Title: _____

Date: _____

Contractor:
Cigna Health and Life Insurance Company

Kimberly Funderburk
_____
Authorized Signature

Kimberly L Funderburk
_____
Printed Authorized Signature

Vice President and Authorized Signatory
_____
Title Authorized Signature

June 15, 2026
Date: _____

APPROVED AS TO FORM
By: *Marshall Brannon*
Office of the County Attorney

Amendment No. 1 Exhibit C – Fee Schedule

Schedule of Financial Charges

Certain fees and charges identified in this Schedule of Financial Charges will be billed to Employer monthly in accordance with CHLIC's then standard billing practices. However, CHLIC is authorized to pay all fees and charges from the Bank Account unless otherwise specified in this Agreement.

	DENTAL ADMINISTRATION CHARGES	
Product	**Description**	**Charge**
Dental	Dental Preferred Provider Organization (DPPO)	**$1.35/employee/month**
	DENTAL NETWORK ACCESS FEE	
Product	**Description**	**Charge**
Dental	DPPO Access Fee	**$0.25/employee/month**

BANKING AND ADMINISTRATION		
Products excluding Health Savings Account		
	Furnishing CHLIC's standard Bank Account activity data reports to Employer as and when agreed upon. CHLIC's administration of the Plan does not include performing obligations, if any, under state escheat or unclaimed property laws. It is Employer's responsibility to determine the extent to which these laws may apply to the Plan and to comply with such laws.	**All Products**
	If Employer has elected, pursuant to section 63 of the New York Health Care Reform Act of 1996 (section 2807-t of the Public Health Law) ("the Act"), to pay the assessment on covered lives set forth in section 63 and has consented to the conditions set forth in section 63, CHLIC shall file such forms and pay such surcharge and assessment on covered lives on behalf of Employer through the Bank Account to the extent set forth in section 63. Such obligation shall end immediately upon Employer's failure to provide any information required by CHLIC to fulfill this obligation, the failure to comply with any requirement imposed upon Employer pursuant to the Act or the failure of Employer to properly fund the Bank Account. In addition, where permitted and agreed to by CHLIC, CHLIC will file applicable forms and pay on behalf of Employer and/or the Plan any assessment, surcharge, tax or other similar charge which is required to be made by Employer and/or the Plan based on covered lives and/or paid claims or otherwise in accordance with and as required by other applicable state and/or federal laws and regulations and the Bank Account will be charged for any such payments made by CHLIC.	**All Dental Products**
CLAIM ADMINISTRATION		
Products excluding Health Savings Account		
	Calculate benefits, check and/or electronic payments disbursed from Employer's Bank Account. Bank Account payments will appear in Employer's standard Bank Account activity data reports.	**All Products**
	CHLIC's generic claim forms are made available to Employer for individuals eligible to enroll in the Plan.	**All Products**

	CHLIC's Special Investigations Unit will investigate, pend, recommend denial of claims in whole or in part, and/or reprocess claims, as appropriate.	**All Products**
	Discuss claims, when appropriate, with providers of health services.	**All Products**
	Perform, based on CHLIC's book of business internal audits of plan benefit payments on a random sample basis.	**All Products**
	Claim control procedures reported annually in Statement on Standards for Attestation Engagements (SSAE) No. 18 Report (or any applicable successor thereto).	**All Products**
	Respond to Insurance Department complaints.	**All Products**
	Dedicated toll-free telephone line for Member and Provider calls to CHLIC Service Centers.	**All Products**
	Member Explanation of Benefit ("**EOB**") statements including, when applicable, notice of denied claims, denial reason(s) and appeal rights.	**All Products (excluding Pharmacy)**
	Verify enrollment and eligibility using Member information submitted by Employer and/or its authorized agent.	**All Products**

MULTI-YEAR CHARGE/FEE GUARANTEES		
	The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2023 Plan Year will be 0.00% over the 2022 Plan Year charges/fees. The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2024 Plan Year will be 0.00% over the 2023 Plan Year charges/fees. The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2025 Plan Year will be 0.00% over the 2024 Plan Year charges/fees. The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2026 Plan Year will be 0.00% over the 2025 Plan Year charges/fees. The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2027 Plan Year will not exceed 0.00% over the 2026 Plan Year charges/fees. The maximum increase for the Dental Administration Charge(s) and Network Access Fee(s) for the 2028 Plan Year will not exceed 0.00% over the 2027 Plan Year charges/fees. The above charges/fees are guaranteed for the time periods identified above, provided, however, that CHLIC may revise the above charges/fees pursuant to Section 8 of this Agreement.	

	DENTAL SHARED SAVINGS FEE	
	A shared savings fee shall be payable to CHLIC in connection with each in network fee for service claim (i.e., each paper or electronic submission) for covered services/supplies (other than drugs) provided	**For DPPO Products: 10.00% of the**

	by a Participating Provider and re-priced by CHLIC to reflect the applicable contract reimbursement rate (the "Re-priced Charge"). No shared savings fee shall be payable with respect to (i) drug claims paid under the Pharmacy Benefit Plan, or (ii) claims that result in no payment under the Plan.	**difference between the Participating Provider's billed charge (average area charge for dental) and the Re-priced Charge, not to exceed:** **$3,000.00 per claim for dental services**

AMOUNTS OWED TO CHLIC
Amounts paid by CHLIC with its own funds on behalf of Employer or the Plan with respect to charges for which Employer or the Plan is obligated to pay under this Agreement including Plan Benefits, Bank Account Payments (including fixed per person payments and pay-for-performance payments to Participating Providers), governmental taxes or assessments will be billed to Employer and CHLIC is authorized to pay all such amounts from the Bank Account.

FEES FOR PROCESSING RUN-OUT CLAIMS		
DPPO	Run-Out Period of twelve (12) months CHLIC shall not be required to process Run-Out Claims until it has received full payment of the required fees.	**The sum of the last four (4) months of billed fees applicable to the terminated (i) Agreement, (ii) Plan benefit option or (iii) Members.**

CHLIC DENTAL COST CONTAINMENT FEES		
Dental Cost Containment	CHLIC administers the following program to contain costs with respect to charges for dental services that are covered by the Plan. Applies to 2nd tier of participating DPPO network providers and includes: • Access to an additional network of DPPO dentists who provide care at a discounted rate. Lower out-of-pocket expenses for Members and additional claim savings for Employer when receiving covered services from these DPPO dentists. • CHLIC retains the percentage identified herein of Employer and/or Member gross savings for access and to cover the 2nd tier network administrative cost. • CHLIC calculates the percentage identified herein as fees charged on a pay-as-you save basis. If there is no savings, there is no fee charged to Employer. Gross savings are calculated by taking what the dental professional would have charged if not participating in the network minus the dentist's contracted fee. The dental cost containment fee is charged to Employer via the appropriate Electronic Funds Transfer (EFT) cycle as a percent of the	**For DPPO Products: 25% of gross savings**

	savings assessed weekly against the Bank Account and would appear on Bank Account activity report(s) as Vendor Fee Reimbursement.	

	OTHER VENDORS AND HEALTH CARE SERVICES PROVIDERS	
	The fixed per person per period and/or fee-for-service charges that CHLIC has directly or indirectly negotiated with Participating Providers for in-network health care services and/or supplies will be charged to the Bank Account and will be used in calculating any applicable Member cost-sharing. In addition, performance-based payments to Participating Providers will be charged to the Bank Account. Such payments will be at the payment rates then in effect, which may be amended from time to time. For certain types of specialty care, including, but not limited to, home health care, durable medical equipment, sleep management, high tech radiology, chiropractic care, physical medicine (such as physical and occupational therapy), speech therapy, orthotics and prosthetics, implants, and hearing, in certain markets CHLIC may contract with various third parties and/or affiliated companies, including eviCore, ("Specialty Vendors") to arrange for the provision of care through their own networks of health care providers on a fee-for-service basis. In addition to arranging for care through their own networks of providers, these Specialty Vendors may also provide additional services, including utilization management services and case management services designed to (i) improve adherence to coverage guidelines; and (ii) contain overall healthcare costs to the Plan. Specialty Vendors are included within the definition of "Participating Provider" set forth in this Agreement and in any benefit booklet covering the Plan. When care is arranged through a Specialty Vendor's network of providers, the form of reimbursement to the Specialty Vendor will be through one of the following methods: • Fee-For-Service Payment: In certain instances, the Plan will pay the Specialty Vendor rather than the treating provider on a fee-for-service basis as a claim for Plan Benefits. The Specialty Vendors' fee-for-service charges may be higher than the amounts that the Specialty Vendor contracts to pay the provider for the provision of any particular service or supply, and some portion of the Specialty Vendor's charges may be attributable to the services that the Specialty Vendor provides in addition to those services or supplies provided by the Specialty Vendor's network of providers, including any utilization management services and case management services. In such instances, Plan Benefits and member cost-share will be determined based on the Specialty Vendor's charges according to Plan terms. • Administration Capitation Payment: In certain instances, the Plan will pay the Specialty Vendor a fee on a per member/per month basis for arranging care and other services that the Specialty Vendor may render. Such reimbursement will be in addition to the amount that the Plan pays to reimburse the provider through which the Specialty Vendor arranged for the provision of the service or	**All Products**

	supply, which will be based on the Specialty Vendor's contracted rate with that provider. In such instances, Plan Benefits and member cost-share will be determined based on the rate that the Specialty Vendor contracted to pay the provider for the provision of the service or supply. • All-Inclusive Capitation Payment: In certain instances, the Plan will pay the Specialty Vendor a fee on a per member/per month basis that covers (i) the services that the Specialty Vendor may render, including arranging care, and (ii) the fees charged by the provider through which the Specialty Vendor arranged for the provision of the service or supply. In such instances, Plan Benefits and member cost-share will be determined based on the rate that the Specialty Vendor contracted to pay the provider for the provision of the service or supply. CHLIC's arrangements with Specialty Vendors are subject to change at any time, and upon request, additional information can be provided that identifies current Specialty Vendors, their area of specialty(ies), whether they are CHLIC affiliates, and the form of payment that they currently receive.	
NOTICE REGARDING PAYMENTS FROM THIRD PARTIES		
	From time to time, CHLIC, directly or through its affiliates, arranges with third parties (e.g., service vendors, provider network managers) to provide various services (e.g., cost-containment services or health care services) in connection with the Plan. CHLIC and its affiliates may receive payments from such third parties to help defray CHLIC's expenses associated with its implementation and/or ongoing administration of these arrangements or as a reimbursement for services or network access provided to such parties by CHLIC. CHLIC may also receive compensation from third-party vendors that Employer may retain based upon a referral from CHLIC or that Members may utilize following an introduction facilitated by CHLIC or an affiliate. CHLIC may also receive: • network administration fees from some providers participating in its provider network, • credits from banks on balances in accounts utilized to administer claims, • non-material incidental compensation/benefits from other source as a result of administering the Plan.	**All Products**

Exhibit E

Pinellas County Board of Commissioners

1/1/2027 ASO Dental Renewal Exhibit

ASO Fees

Projected Dental PPO Enrollment: **4,082**

Dental PPO Fee Components	*Current* 1/1/2026	*Renewal** 1/1/2027	% Change
ASO Fee	$1.60	$1.60	0.0%
Commissions	$0.00	$0.00	0.0%
Total ASO Fee	**$1.60**	**$1.60**	**0.0%**

***Additional Multi-Year Fee Cap:** 1/1/2028
0.0%

Fund Offerings

Commitment	**Amount**
Communication/Audit Fund	$6,000

Exhibit F

Pinellas County Board of Commissioners

Cigna Dental Care Renewal

Renewal Date: January 1, 2027

Rate Period:	Current Rates 01/01/26 to 12/31/26		Current Plan Renewal Rates 01/01/27 to 12/31/28
Patient Charge Schedule	PSX09 (Custom)		PSX09 (Custom)
Network	Dental Care Access		Dental Care Access
		Enrolled	
Tier Structure:	3-Tier		3-Tier
Employee Only	$7.17	397	$7.53
Employee + 1 Dep	$10.26	165	$10.77
Employee + 2 or More Deps	$14.38	70	$15.10
Annual Cost	$66,552	632	$69,882
Total Rate Increase/Decrease:			5.00%

Rate Guarantees and Caps:

- The above renewal rates are guaranteed for 12 months. (01/01/27 to 12/31/27)
- The renewal increase effective 01/01/28 is guaranteed not to exceed 5.0%.

Underwriting Caveats:

- Rates contain 0.0% commissions.
- Renewal rates assume a guaranteed cost, non-participating funding arrangement.
- Renewal rates do not include the cost of specialized printing, mailing, or special enrollment fees.
- Renewal rates are valid only where there is an existing Cigna Dental Care Access network in place.
- Rates assume no change to current Employer contributions.