



PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 400 S. FT. HARRISON AVENUE ANNEX BUILDING – 6 TH FLOOR CLEARWATER, FL 33756	 <h1 style="text-align: center;">REQUEST FOR PROPOSAL</h1>
ISSUE DATE: January 22, 2021	PROPOSAL SUBMITTALS RECEIVED AFTER SUBMITTAL DATE & TIME WILL NOT BE CONSIDERED
TITLE: PRESCRIPTION DRUG BENEFITS – PERSONNEL SERVICES	RFP NUMBER: 21-0180-P(LN)
SUBMITTAL DUE: STEP 1 - February 4, 2021 @ 3:00 P.M. STEP 2 – March 9, 2021 @ 3:00 P.M. AND MAY NOT BE WITHDRAWN FOR 120 DAYS FROM DATE LISTED ABOVE.	PRE-PROPOSAL DATE & LOCATION: NOT APPLICABLE
DEADLINE FOR WRITTEN QUESTIONS: STEP 1 – FEBRUARY 1, 2021 BY 3:00 P.M. STEP 2 – MARCH 9, 2021 BY 3:00 P.M. SUBMIT QUESTIONS TO: LUCY NOWACKI AT lnowacki@pinellascounty.org Phone: 727-464-3766	
<p style="text-align: center;"><u>THE MISSION OF PINELLAS COUNTY</u></p> <p>Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.</p>	 MERRY CELESTE, CPPB Division Director Purchasing and Risk Management

PROPOSER MUST COMPLETE THE FOLLOWING

Proprietary and Confidential

NO CHANGES REQUESTED BY A PROPOSER WILL BE CONSIDERED AFTER THE RFP OPENING DATE AS ADVERTISED. BY SIGNING THIS PROPOSAL FORM YOU ARE ATTESTING TO YOUR AWARENESS OF THIS POLICY AND ARE AGREEING TO ALL OTHER PROPOSAL TERMS AND CONDITIONS, INCLUDING ALL INSURANCE REQUIREMENTS.

PROPOSER (COMPANY NAME): Express Scripts Inc. **D/B/A** _____

MAILING ADDRESS: 1 Express Way **CITY / STATE / ZIP** St. Louis, MO 63121

COMPANY EMAIL ADDRESS: Kenneth_rostkowski@express-scripts.com **PHN:** (201)-561-5528 **FAX:** ()

***REMIT TO NAME:** Express Scripts Holding Company
 (As Shown On Company Invoice) **FEIN#** 41-2063830 **CONTACT NAME:** Kenneth Rostkowski

Proper Corporate Identity is needed when you submit your proposal, specifically how your firm is registered with the Florida Division of Corporations. Please visit www.sunbiz.org for this information. **PRINT NAME:** Kenneth Rostkowski

EMAIL ADDRESS: Kenneth_Rostkowski@express-scripts.com

I HEREBY AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS RFP, INCLUDING ALL INSURANCE REQUIREMENTS & CERTIFY I AM AUTHORIZED TO SIGN THIS RFP FOR THE PROPOSER.

AUTHORIZED SIGNATURE: _____

PRINT NAME/TITLE: Michael Donnelly, VP & GM Account Management, Government Markets

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For
Pinellas County

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Number	Exhibit
1	Sample Implementation Timeline
2	Insurance Certificates

Section B, Item 3, Step 2 – Proposal

- a) **A separate statement describing the Proposer's qualifications and experience in providing the same or similar services as outlined in the RFP Scope of Work. This description should include the names of the person(s) who will provide the services, including any subcontractors, their qualifications, and the years of experience in performing this type of work/services. Also include the reference information requested in Section D.**

Since our founding in 1986, Express Scripts has acted first to take on the toughest challenges in our industry, solving the problems others don't, won't, or can't. Our deep insights, expertise, and scale empower us to disrupt underperformance — fighting alongside those we serve in pursuit of a simpler, more sustainable system and better health for all.

From establishing the first-ever in-house research department to publishing the first-ever Drug Trend report to, at times, taking positions unpopular with companies in the supply chain, we've maintained a relentless focus on doing the right thing for our clients and their members.

At Express Scripts, we dare to imagine a better healthcare system, and we're driven to make it happen. From pharmacy and medical benefits management, to specialty pharmacy care and everything in between — we seek to uncover opportunities to make healthcare work better. We are Champions For BetterSM.

Additionally, since becoming a publicly traded corporation in 1992, we have sought to improve our offering for plan sponsors and members through strategic acquisitions and mergers.

Account Management

Express Scripts manages your account using a unique client-centered service approach through our Client Service Team (CST) model. Compared to traditional account team models, this model drives delivery effectiveness and efficiency through a single point of accountability with direct oversight responsibility for all resources assigned to your account. PCG's core team includes key specialized professionals experienced to meet the diverse needs and issues across the health services spectrum. Along with an account team, PCG will also receive direct support from our extended service team, all of whom are experts that bring the experience to support complex plans and respond quickly to your changing needs.

Select members of your Client Service Team include:

- **Executive Sponsor** — Your Executive Sponsor, Michael Donnelly, VP & GM of Government Markets, is a leader within Express Scripts, with advanced knowledge and accountability for areas of most interest to PCG. He is responsible for:
 - Ensuring organization-wide commitment to PCG
 - Providing strategic insight and corporate vision to PCG
 - Building and strengthening relationships with PCG
 - Serving as an advocate for PCG within Express Scripts

Pinellas County
March 12, 2021



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All of the materials in this proposal and any materials subsequently disclosed in any media form that relate to this proposal ("Proposal Materials") are confidential and the sole and exclusive proprietary property of Express Scripts, and all rights, titles and interests are vested in Express Scripts. The Proposal Materials are provided to Pinellas County for your exclusive use, and for the sole purpose, to evaluate Express Scripts' prescription drug program. The Proposal Materials may not be distributed, copied or made available for review or use to any other party. If you use any consultant or other party to review the Proposal Materials, you may divulge the Proposal Materials to them on the condition that each recipient agrees to be bound by the restrictions Express Scripts has placed on the use and disclosure of the Proposal Materials. This disclaimer is applicable to any recipient assisting or participating in the evaluation of these Proposal Materials on behalf of Pinellas County.

- Providing strategic direction, as needed, to the Client Service Team
 - Collaborating on future products and programs to help achieve PCG's long-term goals
 - Acting as a resource for executive-level intervention when necessary and appropriate
- **Senior Director, Client Service Team Lead**— The leader of your Client Service Team and single point of accountability is your senior director, Chris Auberger. Chris directs your team of experts who bring the experience to support complex plans, provide innovative solutions, and respond quickly to your changing needs. The senior director serves as the ultimate escalation point for key issues and strategic needs, providing guidance to maximize all aspects of PCG's plan performance: financial, clinical, operational, strategic, and beyond.
 - **Account Executive**— Your experienced account executive, Ken Rostkowski, serves as PCG's strategic partner and primary contact. Ken will collaborate with PCG during all scheduled meetings and work with PCG to formulate goals and action plans related to program enhancements, member care, drug trend management, and cost containment. He is responsible for engaging and coordinating with internal partners and corporate resources to maximize PCG's success.
 - **Account Manager**— Your account manager, Anteneh Kebede, will own execution of all PCG-specific service and operational deliverables, participating in your program implementation activities to ensure a seamless transition experience. After implementation, your account manager will act as your primary operational point of contact to coordinate with internal partners, ensuring operational excellence and set-up quality. He will proactively monitor your service trends to allow for immediate resolution of any issues.
 - **Clinical Account Executive (CAE)**— Your CAE, Harris Zeyae, manages the clinical relationship between PCG and Express Scripts. You will work closely with your CAE to develop a business plan that addresses your clinical benefit needs, including formulary intent and utilization management. To help you achieve your member health outcome goals, the CAE assists in clinical program oversight, results evaluation, and follow-up with PCG, analyzing data and delivering clinical modeling and reporting with recommendations. To ensure you are prepared for future events, the CAE will work with you to define a strategic clinical plan and work with internal partners to supply information on emerging clinical trends and market events tailored to PCG's needs.

Subcontractors

We pride ourselves on providing best-in-class quality and service to our clients by solving the problems others don't, won't, or can't. We not only dare to imagine a better healthcare system, but we're driven to actually make it happen. To this end, we continually evaluate our operations to identify ways to improve service and costs for you and your members. In addition to our in-house capabilities described throughout this proposal, Express Scripts uses subcontractors to support various services.

Express Scripts is completely responsible and liable for the performance of any subcontracted third party and for payment to that party.

All arrangements are governed by our physical and information security guidelines. Any personal healthcare information accessed by a subcontractor is done so in accordance with strict security requirements and all applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). Additionally, these arrangements are governed by Express Scripts' hiring guidelines, including background checks, drug tests, and compliance education.

A list of subcontracted vendors/services is included below:

Outsourced Function	Current Supplier	Years of Service	Service Location	Current Contract Period	Description of Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Outsourced Function	Current Supplier	Years of Service	Service Location	Current Contract Period	Description of Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Outsourced Function	Current Supplier	Years of Service	Service Location	Current Contract Period	Description of Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Outsourced Function	Current Supplier	Years of Service	Service Location	Current Contract Period	Description of Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Outsourced Function	Current Supplier	Years of Service	Service Location	Current Contract Period	Description of Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

References

Please find below the reference information provided in Section D as well.

Company	Address	Telephone/Fax	Contact	Contact Email	Company Email Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Company	Address	Telephone/ Fax	Contact	Contact Email	Company Email Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b) A separate written narrative describing the methods and/or manner in which the Proposer proposes to satisfy the requirements of the Scope of Work set out in Section E.

Please find below brief descriptions of our capabilities with regard to each element of the Scope of Work.

a) Access to national and local contracted networks of pharmacies

Express Scripts’ offer is based on the National Plus Network, our broadest network with access to over 60,000 pharmacies nationwide, and the Smart90 Walgreens network. Below, we have provided information on our overall network offerings.

We want to help you build a network that is holistic, provides your members ample nationwide access, and helps you control costs on all medications – not just maintenance medications. That’s why we offer flexible network bundles (Gold, Silver, and Bronze), so you can pick the level of network optimization that works for your plan and members. The following provides a summary of these bundles:

	Gold	Silver	Bronze
Benefit	The most savings for plans, while still providing members with access to nearly all pharmacies in the nation, and they’ll be 19% more adherent on average to their medication regime.	Choice to manage the 30-day side of the network, the 90-day side of the network, or all aspects to ensure a holistic strategy.	The most flexible of our three tier options and a great step forward in more closely managing your network, where you’ll start to see some savings of a more holistic strategy.
Savings	Bundles save up to \$61.86 PMPY ³	Bundles save up to \$22.86 PMPY ³	Bundles save up to \$8.56 PMPY ³
Choice	Members choose from practically any pharmacy in the nation to fill their short-term medications, but pay \$5-10 less when they use conveniently located preferred pharmacies. The Express Scripts Pharmacy or select retailers also fill maintenance medications.	Members choose from thousands of pharmacies to fill their short-term medications, but pay \$5-10 less when they use conveniently located preferred pharmacies. The Express Scripts Pharmacy or select retailers also fill maintenance medications.	Members choose from thousands of pharmacies for all medication prescriptions, and depending on your goals, can pick up maintenance meds monthly or get their medications delivered every three months.

*PMPY data estimates maximum savings potential for the optimized network bundle. Savings may vary by plan.

Additionally, you can visit our website for more information on how an optimized network can help you see significant savings without making substantial tradeoffs for members: <https://my.express-scripts.com/OptimizedNetwork.html>.

On the site, you'll find testimonials from clients that have already optimized their pharmacy network, and an episode of our Encapsulated podcast in which we discuss the benefits of our network, how we minimize member disruption and help members easily transition to a new network, and how avoiding change can lead to higher costs in the overall benefit for all members.

b) Claims processing services including manual and electronic acceptance of claims and payment services

Express Scripts' single, integrated claims processing system provides consistent access to patient information for Express Scripts' retail pharmacy network and for our specialty and home delivery pharmacies. Because our clinical staff has access to a comprehensive patient profile, we more effectively manage prescription drug regimens, identify duplicative therapies, and prevent costly contraindications than other pharmacy benefit managers (PBMs) in the industry. Our real-time adjudication platform provides a level of plan flexibility, clinical functionality, administrative accuracy and efficiency, and member and client service that cannot be matched by a patchwork of individual system competitors.

When necessary, such as when a member uses an out-of-network pharmacy or a member cannot reasonably access one of our network pharmacies, the member may be asked to pay for a prescription in full and submit a direct reimbursement claim form to Express Scripts.

The direct claim adjudication process — also known as the paper claim adjudication process — begins when claims are received, imaged, stamped with the date received, sorted, and batched at our claims processing facility. The process concludes with the member receiving either reimbursement or documentation as to why a claim was rejected.

c) Utilization review of pharmacy claims and cases

Express Scripts' approach to advanced utilization management considers the rapidly changing pharmacy landscape by utilizing a comprehensive approach for traditional and specialty medications. We offer a simplified clinical offering that provides clients with the flexibility to adopt a stepwise, building-block approach and aggregates medication into lists and packages based on therapeutic indication and member impact. Lists within each package can be implemented individually, and most modules are available on an a la carte basis.

Module	Attributes
Unlimited	This all-inclusive option includes our Step Therapy, Prior Authorization, and Drug Quantity Management programs.
Advantage Plus	This option contains most available standard programs and is intended for clients interested in maximizing their savings.
Advantage	This option is designed to enhance the benefit for clients already focused on managing trend through the addition of programs targeting chronic disease states and specialty drugs.

Module	Attributes
Limited	In this option, programs are weighted toward those targeting acute disease states, and a larger percentage of package savings comes from quantity level limits (QLLs), where member impact from interventions is less disruptive.

d) Clinical programs to support members with chronic or complex conditions and to control costs

At Express Scripts, our mission as a pharmacy health services company is to provide our clients with a broad suite of solutions to ensure that our members can get medication and whole health support, quickly and conveniently. Express Scripts’ system of connected care models – tailored to an employer’s and an individual’s needs – will transform the patient experience, keep your employees healthy, and provide specialized support for those with complex, high-cost conditions.

Express Scripts’ clinical solutions bring the promise of affordability, predictability, and simplicity to the client, customer, and patient experience. In 2019, we managed to save our patients and plans nearly \$50 billion with our clinical offerings, all while maintaining consumer choice. We partner with our clients based on their populations’ unique needs. This transformative model strives to align the industry with the individual, so your members have the support they need to make decisions about their health and healthcare to live their healthiest possible lives.

Affordable

At Express Scripts, we build on our leading, differentiated position to lower the total cost of care and make healthcare more affordable to those we serve. Pharmacy is the #1 driver of total healthcare costs, typically making up more than 30% of clients’ spend. Our innovative solutions focus on our commitment to developing end-to-end solutions that coordinate care and keep people healthy in both body and mind. When in need of healthcare services, our open architecture delivery model consistently navigates customers to the best care, in the best place, at the best time. Year over year, we’ve demonstrated our ability to keep costs low for clients and members. This was most recently evidenced by our 2019 Drug Trend Report, which showed a –4.8% trend for tightly managed commercial plans that had adopted at least three of our clinical solutions.

Advanced Utilization Management (AUM) Programs

Express Scripts’ approach to advanced utilization management considers the rapidly changing pharmacy landscape by utilizing a comprehensive approach for traditional and specialty medications. We offer a simplified clinical offering that provides clients with the flexibility to adopt a stepwise, building-block approach and aggregates medication into lists and packages based on therapeutic indication and member impact. Various packages of Advanced Utilization Management (AUM) tools (including different levels of Step Therapy, Prior Authorization, and Drug Quantity Management) support PCG’s cost-control goals.

Drug Utilization Review

- *Concurrent Drug Utilization Review* is a clinically based program that automatically alerts pharmacists — in real-time at the point of service — to potential safety concerns, identifying medication conflicts before the member obtains a prescription. This prevents drug-related adverse events, reducing emergency room utilization, hospitalizations, and urgent care visits.
- *Retrospective Drug Utilization Review* analyzes prescription data to address patient health and safety issues across PCG's population. The goal of this clinical safety program is to identify and help prevent adverse drug events.

InMynd Behavioral Health Solution

InMynd is a new solution to help both patients and plans better recognize, treat, and support mental and behavioral health conditions. This holistic solution engages the industry's first predictive models for the progression of anxiety, depression, and insomnia, so we can proactively meet each member on their personal mental health journey. This solution guides your members and your benefit to cost efficiencies through maximized clinical outcomes. Better member care and predictive abilities will prevent downstream medical costs.

Specialty Drug Spend

For plan sponsors with higher specialty spend, a smarter clinical model providing support for patients with the most complex conditions drives the most value for the plan. We offer a suite of solutions that can be bundled to deepen plan savings through proactive engagement in these copayment assistance programs. In 2019, Accredo saw tremendous savings and secured \$850 million for our patients in the effort to combat the impact of manufacturer coupons on the plan.

- For clients who want to better manage increasingly expensive specialty drugs, nearly half of which are billed through the medical benefit, Express Scripts offers **Medical Benefit Drug Management** and **Medical Channel Management** programs.

Predictable

Express Scripts takes surprise out of the system and helps people make more informed healthcare choices. Our advanced suite of solutions is aimed to help reduce cost shock and provide actionable insights for providers and members. Through advanced analytics and predictive modeling, we intervene in time to drive better health outcomes, lower the cost of care, and partner effectively with providers and pharmacies. We proactively reach out to help customers, particularly those most in need, and provide the tools and resources needed to support behavior change.

Advanced Opioid ManagementSM

Our Advanced Opioid Management solution maximizes safety across the care continuum by minimizing early opioid exposure and helping prevent progression to overuse/abuse.

Enhanced Fraud, Waste, & Abuse

Plan sponsors face skyrocketing costs of prescription drugs, including billions in fraud, waste, and abuse. Enhanced Fraud, Waste, and Abuse (eFWA) is the industry-leading investigative service program that helps plan sponsors identify potential problem members and prescribers with unusual or excessive utilization patterns. The program is designed to help identify outliers by analyzing types of prescriptions, refill patterns, and pharmacy utilization. Investigations are then performed on aberrant behavior, such as doctor shopping, drug seeking behavior, identity theft, etc. eFWA includes client-specific claims review, identification of potential member and prescriber fraud, completion of detailed investigation reports, and integration of medical claims with prescription investigations when possible.

Embarc Benefit Protection

Embarc Benefit protection combines medical management, specialty pharmacy, and health services capabilities to make breakthrough drugs more affordable for the payer and the patient and ensures access for those who need it. Embarc protects payers from the lightning strike of very high cost gene therapies.

ScreenRx®

ScreenRx® is the industry's first adherence screening tool that provides significant savings for clients and improved health outcomes for members. ScreenRx detects patients at risk for future nonadherence, then proactively addresses the problem through patient-specific, tailored interventions.

To enhance these solutions, we provide member-specific information about savings opportunities through My Pharmacy Choices, a free, multimedia member education program that helps guide informed drug, pharmacy, and health choices.

Patient Assurance Program

We're applying protection against high out-of-pocket costs, enabling automatic point-of-sale cost caps, offering medication adherence support, and providing cost predictability to this broad set of diabetes medications. Members using the participating drugs will pay no more than \$25 per 30-day supply whenever they fill their prescription at either the Express Scripts PharmacySM or any in-network retail pharmacy. This will reduce out-of-pocket costs by 40% or more for many members.

Simple

We make it easier for customers and patients to get the care that they need. Through smarter digital interactions, we enable quick connections to care and medications, meeting customers when and where they are. Express Scripts has developed customer engagement solutions, such as data-sharing applications, that enhance our specialized care efforts to support your diverse populations. Our clinical solutions drive simplicity by identifying and resolving potential safety issues, eliminating barriers to non-adherence, and maximizing coordination of care efforts with to make the process straightforward and effective.

Digital Health Formulary

We have created the industry's first, standalone Digital Health Formulary to help you ensure safety, clinical effectiveness and member usability for the countless digital solutions available. All Express Scripts' plan sponsors benefit from the Digital Health Formulary's streamlined, rigorous vetting process at no additional charge. You will still have complete control over which solutions you enroll in to help members stay healthy and to provide them with the tools they need to manage ongoing medical conditions.

It's our job to find the right digital health solutions for our clients and patients, and then make sure patients use these solutions effectively. With the Express Scripts Digital Health Formulary, we've created more than just a list of approved programs or a vendor management process. We built a foundation for the future of care and pharmacy that will deliver better access, affordability, and health.

Clinical category	Sub-categories	Digital Health Formulary	
Diabetes	Type 1 diabetes Type 2 diabetes	Preferred:	Livongo® Health for Diabetes
		Alternatives:	Omada Health for Diabetes LifeScan's OneTouch Reveal® Plus, powered by Welldoc's BlueStar® platform
	Diabetes prevention	Preferred:	Livongo® Health for Pre-Diabetes
		Alternative:	Omada Health for Pre-Diabetes
Cardiovascular	Hypertension	Preferred:	Livongo® Health for Hypertension
		Alternative:	Omada Health for Hypertension
Pulmonary	Asthma COPD	Propeller Health	
Mental health	Depression Anxiety Insomnia	Learn to Live Cognitive Behavioral Therapy	
		SilverCloud Health Cognitive Behavioral Therapy	
ADDITIONAL SOLUTIONS COMING 2020			

Therapeutic Resource Centers®

Therapeutic Resource Centers® are designed to optimize the safe and appropriate dispensing of therapeutic agents, minimize waste, and improve clinical and financial outcomes. Access to specialist pharmacists and nurses is part of our core PBM pharmacy solution and is free of charge to all members whether they get their medications through an Express Scripts home delivery pharmacy or at a retail pharmacy (certain state-sensitive-drug-list clients and standalone-mail clients excluded).

Safeguarding Choices

Express Scripts is proud to offer PCG **SafeGuardRx**™, a suite of innovative solutions designed to safeguard your interests while ensuring important therapies and specialized care are available to your members. These solutions include drug, pharmacy, and health choices and are available at no additional cost to your plan.

- Cardiovascular Care Value® program
- Diabetes Care ValueSM program
- Hepatitis Cure Value® program
- HIV Care ValueSM program
- Inflammatory Conditions Care ValueSM program
- Inflation Protection program
- Market Events ProtectionSM program
- Migraine Care ValueSM program
- Multiple Sclerosis Care ValueSM program
- Oncology Care Value® program
- Pulmonary Care ValueSM program
- Rare Conditions Care Value® program

e) Customer service representatives to respond to member inquiries

Express Scripts works tirelessly to deliver quality products and services that satisfy our members' needs and requirements the first time, every time. We employ a member advocacy model of engagement in which our patient care advocates are highly trained to respond to all member inquiries and optimize all interactions with members. Through this abundance of knowledge, advocates can help members overcome barriers and close gaps in care. In fact, we empower all member-facing employees to become trusted advisors by equipping them with all of the essential training, tools, and information to engage members through various touch points. They focus on addressing the member's most immediate needs and seek to provide actionable financial and clinical opportunities to improve member care and lower total healthcare costs for PCG.

All of Express Scripts' advocates have access to online, real-time database systems that provide integrated (retail and home delivery) prescription benefit information. This capability includes our customer service platform with a personalized electronic record, unique to each member, detailing the member's health and financial savings opportunities based on available pharmacy, medical, and lab data. This platform allows our advocates to provide consultative support to members and direct them to the most cost-effective source for their prescription needs.

Express Scripts ensures a positive customer experience by establishing a high level of quality and expectations throughout our entire Contact Center. This is impacted through:

- Investing in the most advanced database systems that provide our advocates with up-to-the-minute, comprehensive, plan-specific and member-specific information
- Our Contact Center, which is accessible 24 hours a day, seven days a week
- Our customer service pharmacists, which are available 24 hours a day, seven days a week to provide patient counseling

- Providing staff with high quality initial and ongoing training that ensures thorough understanding of customer service policies and client-specific plan designs, as well as the concepts of skillful listening and conversation that enable them to understand member needs and act as member advocates
- Recruiting advocates with previous customer service experience
- Routinely monitoring advocate calls for quality assurance

f) Enrollment services and materials including ID cards, provider lists, claim forms, and drug cost estimator support and education tools

Express Scripts offers the eService Delivery system, a user-friendly, web-based application featuring a robust suite of benefit management functions. eService Delivery provides real-time access to member claims history details, plan benefit inquiries, member eligibility updates and maintenance, and more. A secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant system, eService Delivery, is accessible through Express Scripts' client website or as a standalone product.

Menu Selections

- *Claims History* – Claims details include prescription number, medication dispensed, applicable copayment, prescribing doctor, and dispensing pharmacy information. Claims are viewable in eService Delivery for 24 months or longer, if indicated by the client contract.
- *Eligibility Maintenance* – Allows users to perform real-time updates to prescription eligibility files. Users can add plan participants and their dependents immediately into the plan or immediately terminate ineligible plan participants.
- *Prior Authorization Add* – Allows users to add or approve prior authorizations required for a claim to get paid.

ID Cards

Following open enrollment, Express Scripts provides PCG's members with an ID card to use when filling prescriptions at retail pharmacies. Our ID card typically features member-identifying information such as the member's name, member ID, group (plan) number, and PCG's logo on the front of the card. The back of the card contains the Express Scripts website address and our toll-free phone numbers. The associated welcome letter includes other plan-related information. Members can also access a digital ID card from the Express Scripts mobile app or Express Scripts website.

g) Vendor integration and data sharing with medical plan administrator to automate deductible and out-of-pocket maximum accumulators

Consumer-directed health (CDH) benefits can reduce overall healthcare costs, and provide members with financial incentives to get the most value from their healthcare dollar as they consider cost and quality of care. A successful CDH plan must deliver technical expertise to appropriately administer the benefit as well as provide employees with solutions to support their health and financial wellness goals.

We lead the consumer-directed healthcare industry and serve over 11 million members of the CDH market today – more than any other pharmacy benefit manager (PBM) or health plan – with advanced data integration, innovative plan design, and member engagement to deliver on the full promise of consumerism. Supporting CDH since 1999, we now have integrated pharmacy and medical benefits for over 1,100 clients, including 77% of clients with a health savings account (HSA) and 5% of clients with a health reimbursement account (HRA).

Our extensive experience and knowledge in administering HRA- and HSA-qualifying CDH plans and integrating with a traditional pharmacy benefit enables us to guide clients with building CDH principles.

Express Scripts continues to dominate in data integration and innovation. We developed the healthcare industry's first real-time bidirectional platform that can connect to any CDH health plan or claims administrator. We integrate with more than 250 medical partners, third-party administrators (TPAs), behavioral health vendors, and flexible spending account (FSA) administrators to manage combined benefits.

At the core, we deploy industry-leading data integration capabilities to deliver timely and accurate updates to member accumulators. This ensures that the benefit accumulators between us and the medical partner are in sync to prevent incorrect payments by the member or plan sponsor. We actively monitor the transactions to identify and correct errors to medical and pharmacy account balances which eliminates the time-consuming process of manually investigating and correcting benefit data. This process provides an invaluable advantage that most industry partners do not offer.

In addition, we pursue three additional paths to fully support members enrolled in these complex plan designs:

1. First, we implement tools to guide members in making better choices when using their pharmacy dollars. We have a team of patient care advocates dedicated to CDH who specialize in account-based plans. We provide Prescription Benefits Review (PBR) statements that summarize a member's prescription costs and identify ways to save money by analyzing the most recent prescription activity. As part of this, we have developed a proprietary algorithm that is able to forecast a patient's future spend. Members can also use our mobile app, which is built to allow price comparisons and directs members to the lowest cost option.
2. Second, we provide clinical safety nets to boost adherence to prescribed therapies. Through one of our game-changing solutions, ScreenRx®, we have built a proprietary, predictive model that identifies members at risk of non-adherence, so we can proactively intervene and prevent gaps in care. Paired with ScreenRx, we can identify members at risk of becoming nonadherent in the future and offer them a tailored, proactive intervention - before nonadherence becomes a significant issue. First dollar coverage for preventive medications promotes improved member adherence, thereby reducing avoidable medical costs and the risk of worsening conditions.
3. Finally, we educate members on the dynamics of these plan designs to decrease misconceptions and misinterpretations on how they function. Our unparalleled member advocacy tools incorporate behavioral science-based member communications (through Interactive Web Chat, brochures, FAQ document, web and/or our mobile app) to empower members to use their benefit effectively. Consumer-directed health plans are complex, but can be more easily navigated through utilization of our personalized support and expertise. In turn, CDH plan members can become savvy, smart, independent consumers. Our CDH offering is built to deliver the support our clients need to deploy these plans successfully.

h) Detailed management reporting, clinical reporting and ad-hoc reporting

Express Scripts offers efficient, on-demand reporting solutions through our client website to empower PCG with the information you need to more effectively manage your pharmacy benefit.

Trend Central®

The Trend Central portal is the pathway to a wide variety of client reporting capabilities. With our flexible, web-based features, the portal gives users access to a suite of capabilities that can be used to review and evaluate plan performance data and opportunities. Based on feedback from our users, we created an online client reporting experience that is innovative and intuitive.

Express Scripts' team of analytical experts spends a great deal of time assessing market trends, and collecting feedback and/or suggestions from our existing user community to provide the most useful and user-friendly application.

The Trend Central interface provides our users with self-service access to a set of tools and functionality designed to address the needs of a wide variety of knowledge worker requirements. The application contains both standard and custom reporting capabilities, in addition to a variety of supplementary analytical tools to help PCG analyze their historical pharmacy benefit, identify potential opportunities, and thereby guide decision-making for plan design.

Standard Report Features

Trend Central provides an intuitive self-service method of accessing prescription claims and clinical programs performance reporting. Our years of research have helped us to create a stable of standard report templates, each designed with care to help in analyzing specific plan features. Our web-based, interactive data analysis solution enables PCG to manage performance and promptly identify emerging issues and trends.

Using Trend Central, users gain self-service access to:

- Generate reports that contain a subset of the client population, schedule recurring automated report generation, save reports as PDF or Excel files with the formatting preserved, and send reports to other Express Scripts Trend Central users
- Modify member populations or groups, timeframes, and other optional claim attributes to customize the report content

We realize there is often need for specialization. Advanced features within the tool provide a “deeper dive” and allow our support staff to specialize templates:

- Manipulate the content and format of any report template for special reporting needs through an intuitive edit function
- Depending on the report, drill into specific populations, create new variables or calculations, modify date ranges, apply dynamic online filtering and rankings, and conduct other variations of data editing through drag-drop functionality
- Save, share, and reuse favorite reports, and schedule reports for recurring automated generation

Custom Report Features

Express Scripts understands the need to customize information extraction to suit specific needs. As such, Trend Central also includes an ad hoc reporting tool. Through this tool, users have the ability to create custom, tailored reports with ease. With a few simple clicks, you can quickly and easily create a report based on your specified criteria. The custom reporting tool:

- Allows users to readily choose from more than 300 prescription-drug claim data elements to learn more about costs and utilization specific to a given plan, drug, patient, prescriber, or pharmacy
- Supports the use of pre-built populations to allow users to easily construct reports that match the way PCG needs to see their data
- Quickly produces reports on demand or scheduled to run at a frequency you define

The evolution of the custom reporting feature was created with you in mind. Your time is important, as is your need for information that is relevant, timely, and easy-to-access. We have designed a tool that will appeal to experienced and new users alike.

Express Scripts' scalable, intuitive reporting tools give users the ability to easily locate the information that matters most. With simple-to-use navigation, data field descriptions, and direct access to key metrics, while we do offer various training options, the need for it is virtually eliminated. No additional installation or set-up is required.

i) Online claims and benefit plan information access for members via secure portal

Express-scripts.com is our digital touchpoint, along with the Express Scripts mobile app, that provides PCG's members with a personalized experience every time they log in. The member website's secure dashboard displays a variety of options, including easy to order medicine refills and renewals, order status, shipping details, and prescription and prior authorization expiration dates. The member website also allows the member to transfer eligible prescriptions to Express Scripts Pharmacy. The many self-service features available enable members to accomplish multiple tasks quickly, such as paying a bill, verifying a shipping address, updating payment information, and managing preferences. The Express Scripts mobile app mirrors the member website in almost every way, providing a consistent experience regardless of the access point.

We recently introduced a modernized dashboard experience which is a responsive design whereas it is easily adaptable to any screen size – from computer screen to mobile device – eliminating the need for members to pinch and expand the screens on their mobile device. The redesigned dashboard will allow members to easily access frequently used features without scrolling. Indicators alert members to actionable items such as showing the number of prescriptions that are ready for refill. This helps members stay on track at a glance. Refilling or renewing a prescription is easier with just two clicks to add it to the cart.

Members can easily navigate the member website to:

- View website most frequently used options upon first view – dashboard displays available refills, recent orders, and bill payment links
- Intuitive menu options to guide the member to the pages on the site they need
- Check order status and access tracking information
- Refill and renew prescriptions

- View the shopping cart and check out from any page
- Review important messages about managing their benefit and health
- Submit claims for reimbursement
- Manage payment by storing multiple credit cards and checking accounts on file, as well as accessing PayPal and MasterPass
- Enter multiple addresses on file, including a temporary address, and verify the shipping address
- Select programs and make important benefit choices through decision flows that optimize health, pharmacy, and cost options (including home delivery, care value programs, and pharmacy networks)
- Set communications and viewing preferences from a helpful list of options, including “going green” by selecting email in favor of hard-copy communications, opting to receive Prescription, Account, Benefit & Safety Alerts via email or telephone, and sharing information with other household members
- Contact us at any time to get information, ask questions, and provide feedback, a key element in our approach to the continuous improvement of our member experience

j) **Online network tool and drug cost estimator access for members via secure portal**

Plan members can easily locate in-network participating retail pharmacies in and around a specific ZIP code or city/state. The website lists the closest participating pharmacies, as well as those pharmacies that will fill 90-day prescriptions. Additional information includes: indicator of pharmacies dispensing vaccines and compounds, filter criteria specific to member needs and according to their benefit design (e.g., needs: vaccine, compound, plan-recommended). Finding a pharmacy is very convenient, as this page provides maps and links to driving directions.

Price a Medication is an online resource, available on both the member website and via the Express Scripts mobile app, that members can use to find pricing and coverage information for both brand name and generic medications through Express Scripts Pharmacy and a retail pharmacy for side-by-side comparison. For example, the tool allows the member to compare Express Scripts Pharmacy to a retail pharmacy, or one retail pharmacy versus another retail pharmacy.

Price a Medication information is based on the member’s specific prescription benefit plan guidelines. This convenient tool helps educate plan members about the cost savings afforded by generics and preferred brands. Additionally, Price a Medication provides usual and customary (U&C) prices to members, as appropriate. Precise prospective pricing information, available by pharmacy as chosen by the member, will empower your members to make smart financial decisions.

For members who have plans with accumulators, such as a deductible or other caps, pricing results will take their current balances into account. Drug information is provided for each medication searched.

k) **Online reporting and eligibility access for plan sponsor**

Trend Central provides an intuitive self-service method of accessing prescription claims and clinical programs performance reporting. Our years of research have helped us to create a stable of standard report templates, each designed with care to help in analyzing specific plan features. Our web-based, interactive data analysis solution enables PCG to manage performance and promptly identify emerging issues and trends. Please refer to our response to h) above for more details.

l) Data sharing with data aggregation vendor (IBM Watson Health) to populate the County's data aggregation system for reporting and analysis.

Data files can be provided to third party vendors in standard layouts free of charge, so long as the appropriate third-party confidentiality agreements are in place. It can take approximately 30 days to prepare and deliver a claims detail file to a third party where a data connection has already been established. It can take approximately 40 days to prepare and deliver a claims detail file to a third party where a data connection has not yet been established.

c) A separate proposed Statement of Work (Proposer's Statement of Work) that enumerates and defines the work/services that Proposer will provide to the County to complete the Scope of Work in this RFP, including each task, deliverable, and/or goods or products comprising the services Proposer will provide, as well as a proposed completion schedule for each task or deliverable, if applicable. The Proposer's Statement of Work shall be in a form that can be incorporated into the Services Agreement as an Exhibit at the County's option.

Please see a sample implementation timeline attached as *Exhibit 1*. As Express Scripts is your incumbent PBM, a full implementation would not be applicable; however, the tasks and timelines in the sample timeline would apply for end-of-year benefit changes.

d) Financial information as requested in online questionnaire for Step 2 to determine compensation formulation. The County's health and welfare consultant will be calculating the costs to determine the compensation rating.

Express Scripts has provided the completed Financial Worksheets document and uploaded it with our submission in ProposalTech.

e) Any exceptions to any section of this RFP.

Express Scripts has noted any exceptions within our proposal response.

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

1. **LIMITATIONS ON LIABILITY.** By submitting a Proposal, the Proposer acknowledges and agrees that the services will be provided without any limitation on Proposer's liability. The County objects to and shall not be bound by any term or provision that purports to limit the Proposer's liability to any specified amount in the performance of the services. Proposer shall state any exceptions to this provision in its response, including specifying the proposed limits of liability in the stated exception to be included in the Services Agreement. Proposer is deemed to have accepted and agreed to provide the services without any limitation on Proposer's liability that Proposer does not take exception to in its response. Notwithstanding any exceptions by Proposer, the County reserves the right to declare its prohibition on any limitation on Proposer's liability as non-negotiable, to disqualify any Proposal that includes exceptions to this prohibition on any limitation on Proposer's liability, and to proceed with another responsive, responsible proposal, as determined by the County in its sole discretion.

Except for the indemnification obligations set forth in Section 6.3(d) of the PBM contract, each party's liability to the other hereunder will in no event exceed the actual proximate losses or damages caused by breach of this Agreement. In no event will either party or any of their respective affiliates, directors, employees or agents, be liable for any indirect, special, incidental, consequential, exemplary or punitive damages, or any damages for lost profits relating to a relationship with a third party, however caused or arising, whether or not they have been informed of the possibility of their occurrence.

2. **INDEMNIFICATION.** By submitting a Proposal, the Proposer acknowledges and agrees to be bound by and subject to the County's indemnification provisions as set out in the Services Agreement. The County objects to and shall not be bound by any term or provision that purports to modify or amend the Proposer's indemnification obligations in the Services Agreement, or requires the County to indemnify and/or hold the Proposer harmless in any way related to the services. Proposer shall state any exceptions to this provision in the response, including specifying the proposed revisions to the Services Agreement indemnification provisions, or the proposed indemnification from the County to the Proposer to be included in the Services Agreement. Proposer is deemed to have accepted and agreed to provide the services subject to the Services Agreement indemnification provisions that Proposer does not take exception to in its response. Notwithstanding any exceptions by Proposer, the County reserves the right to declare its indemnification requirements as non-negotiable, to disqualify any Proposal that includes exceptions to this paragraph, and to proceed with another responsive, responsible proposal, as determined by the County in its sole discretion.

In addition to any indemnification obligations set forth in the Business Associate Agreement, ESI will indemnify and hold Sponsor harmless from and against any loss, cost, damage, expense or other liability, including, without limitation, reasonable costs and attorney fees ("Costs") incurred in connection with any and all third party claims, suits, investigations or enforcement actions ("Claims") which may be asserted against, imposed upon or incurred by Sponsor and arising as a result of (A) ESI's negligent acts or omissions or willful misconduct (including those of the Mail Service Pharmacy and ESI Specialty Pharmacy), or (B) ESI's breach of this Agreement. As a condition of indemnification, the party seeking indemnification will notify the indemnifying party in writing promptly upon learning of any Claim for which indemnification may be sought hereunder, and will tender the defense of such claim to the indemnifying party. No party will be obligated to indemnify the other with respect to any claim settled without the written consent of the other.

3. **INSURANCE:**

The recommended Proposer must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below, prior to award of contract. Failure to provide the required insurance within the requested timeframe may result in your submittal being deemed non-responsive.

The contracted Proposer shall obtain and maintain, ~~and require any sub-contractors to obtain and maintain~~, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Contractor shall maintain coverage and provide evidence of insurance for two (2) years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of A- VIII or better at the time of each policy inception.

- a) Proposal submittals should include, the Proposer's current Certificate(s) of Insurance in accordance with the insurance requirements listed below. If Proposer does not currently meet insurance requirements, Proposer

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

shall also include verification from their broker or agent that any required insurance not provided at that time of submittal will be in place prior to the award of contract.

- b) Proposer shall email certificate that is compliant with the insurance requirements to Lucy Nowacki at lnowacki@pinellascounty.org. If certificate received with bid was a compliant certificate no further action may be necessary. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). **A copy of the endorsement(s) referenced in paragraph d) for Additional Insured shall be attached to the certificate(s) referenced in this paragraph. Blanket additional insured endorsements are acceptable.** The certificate must name Pinellas County, a Political Subdivision of the State of Florida **400 S fort Harrison Avenue Clearwater, FL 33756**, as certificate holder. Certificate marked "Sample", or blank certificate holder information are not compliant.
- c) Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. ~~County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the RFP and/or contract period.~~
- d) All policies providing liability coverage(s), other than professional liability and workers compensation policies, obtained by the Proposer ~~and any subcontractors~~ to meet the requirements of the Agreement shall be endorsed to include **Pinellas County a Political subdivision of the State of Florida** as an Additional Insured.

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

- e) If any insurance provided pursuant to the Agreement expires or cancels prior to the completion of the Work, you will be notified by CTrax, the authorized vendor of Pinellas County. Upon notification, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org and to CTrax c/o JDi Data at PinellasSupport@ididata.com by the Proposer or their agent prior to the expiration date.,
- (1) Proposer shall also ~~provide notify~~ County ~~a 30-day notice of -within twenty-four (24) hours after receipt, of any notices of expiration, cancellation of any of the ,required insurance programs if any insurance policy(ies) is(are) cancelled or non-renewed and not immediately replaced by a substantially similar insurance program without a disruption in coverage while continuing to meet the requirements herein. nonrenewal or adverse material change in coverage received by said Proposer from its insurer.~~ Notice shall be given by email to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org. Nothing contained herein shall absolve Proposer of this requirement to provide notice.
- ~~(2) Should the Proposer, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement, -or at its sole discretion may purchase such coverages necessary for the protection of the County and charge the Proposer for such purchase or offset the cost against amounts due to proposer for services completed. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the County to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.~~
- ~~(3)~~(2) The County reserves the right, but not the duty, to review and request a copy of the Contractor's most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.
- f) If subcontracting is allowed under this RFP, the Prime Proposer shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any subcontractors to obtain and maintain appropriate levels of insurance based on the specific services being provided by said subcontractor, -at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the subcontractor; but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below.
- ~~(1) All subcontracts between Proposer and its subcontractors shall be in writing and are subject to the County's prior written approval. Further, all subcontracts shall (1) require each subcontractor to be bound to Proposer to the same extent Proposer is bound to the County by the terms of the Contract Documents, as those terms may apply to the portion of the Work to be performed by the subcontractor; (2) provide for the assignment of the subcontracts from Proposer to the County at the election of Owner upon termination of the Contract; (3) provide that County will be an additional indemnified party of the subcontract; (4) provide that the County will be an additional insured on all insurance policies required to be provided by the subcontractor except workers compensation and professional liability; (5) provide waiver of subrogation in favor of the County and other insurance terms and/or conditions as outlined below; (6) assign all warranties directly to the County; and (7) identify the County as an intended third party beneficiary of the subcontract. Proposer shall make available to each proposed subcontractor, prior to the execution of the subcontract, copies of the Contract Documents to which the subcontractor will be bound by this Section C and identify to the subcontractor any terms and conditions of the proposed subcontract which may be at variance with the Contract Documents.~~
- g) Each insurance policy and/or certificate shall include the following terms and/or conditions:
- (1) The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County. If Proposer is a Joint Venture per Section A. titled Joint Venture of this RFP, Certificate of Insurance and Named Insured must show Joint Venture Legal Entity name and the Joint Venture must comply with the requirements of Section C with regard to limits, terms and conditions, including completed operations coverage.
 - (2) Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.
 - (3) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions,

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.

- (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County or any such future coverage, or to County's Self-Insured Retentions of whatever nature.

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

(5) All policies shall be written on a primary, non-contributory basis.

~~(6) Any Certificate(s) of Insurance evidencing coverage provided by a leasing company for either workers compensation or commercial general liability shall have a list of covered employees certified by the leasing company attached to the Certificate(s) of Insurance. The County shall have the right, but not the obligation to determine that the Proposer is only using employees named on such list to perform work for the County. Should employees not named be utilized by Proposer, the County, at its option may stop work without penalty to the County until proof of coverage or removal of the employee by the contractor occurs, or alternatively find the Proposer to be in default and take such other protective measures as necessary.~~

~~(7)~~(6) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of Pinellas County from ~~both~~ the Proposer ~~and subcontractor(s)~~.

i) The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

(1) Workers' Compensation Insurance

Limit	Florida Statutory
Employers' Liability Limits	
Per Employee	\$ 500,000
Per Employee Disease	\$ 500,000
Policy Limit Disease	\$ 500,000

(2) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury.

Limits	
Combined Single Limit Per Occurrence	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal Injury and Advertising Injury	\$ 1,000,000
General Aggregate	\$ 2,000,000

(3) Professional Liability (Errors and Omissions) Insurance with at least minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Proposer may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

Limits	
Each Policy Occurrence or Claim	\$ 5,000,000
General Aggregate	\$ 5,000,000

For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

SECTION C – LIMITATION ON LIABILITY, INDEMNIFICATION, AND INSURANCE REQUIREMENTS

(4) ~~Cyber Risk Liability (Network Security/Privacy Liability) Insurance to cover liability arising out of loss of any data deemed confidential by any applicable or governing law, statute or regulation including cloud computing and mobile devices, for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses~~ with at least minimum limits as follows:

Limits

Each Policy Occurrence	\$ 5,000,000
General Aggregate	\$ 5,000,000

For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.

~~(5) Crime/Fidelity/Financial Institution Insurance coverage shall include Clients' Property endorsement similar or equivalent to ISO form CR-04-01, with at least minimum limits as follows:~~

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 1,000,000

~~(6)(5) Property Insurance Proposer will be responsible for all damage to its own property, equipment and/or materials.~~

SECTION D – VENDOR REFERENCES

Proprietary and Confidential

Proposal Title: Prescription Drug Benefits – Personnel Services

Proposal Number: 21-0180-P(LN)

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER THAT YOUR PROPOSAL MAY BE REVIEWED AND PROPERLY EVALUATED.

COMPANY NAME: Express Scripts, Inc.

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS: 35 years

BUSINESS ADDRESS: 1 Express Way, St. Louis, MO 63121

HOW LONG IN PRESENT LOCATION: 35 years

TELEPHONE NUMBER: 201.561.5528

FAX NUMBER: N/A

TOTAL NUMBER OF CURRENT EMPLOYEES: 15,329 FULL TIME 794 PART TIME

NUMBER OF EMPLOYEES YOU PLAN TO USE TO SERVICE THIS CONTRACT: 5 designated employees, plus an unknown number from various operational areas

All references will be contacted by a County Designee via email, fax or phone call to obtain answers to questions, as applicable before an evaluation decision is made.

Proposers must have experience in work of the same or similar nature, and must provide references that will satisfy the County. Proposer must furnish a reference list of at least four (4) customers for whom they have performed similar services.

LOCAL COMMERCIAL AND/OR GOVERNMENTAL REFERENCES THAT YOU HAVE PREVIOUSLY PERFORMED SIMILAR CONTRACT SERVICES FOR:

1. COMPANY: [REDACTED] ADDRESS: [REDACTED] TELEPHONE/FAX: [REDACTED] CONTACT: [REDACTED] CONTACT EMAIL: [REDACTED] COMPANY EMAIL ADDRESS: [REDACTED]

2. COMPANY: [REDACTED] ADDRESS: [REDACTED] TELEPHONE/FAX: [REDACTED] CONTACT: [REDACTED] CONTACT EMAIL: [REDACTED] COMPANY EMAIL ADDRESS: [REDACTED]

3. COMPANY: [REDACTED] ADDRESS: [REDACTED] TELEPHONE/FAX: [REDACTED] CONTACT: [REDACTED] CONTACT EMAIL: [REDACTED] COMPANY EMAIL ADDRESS: [REDACTED]

4. COMPANY: [REDACTED] ADDRESS: [REDACTED] TELEPHONE/FAX: [REDACTED] CONTACT: [REDACTED] CONTACT EMAIL: [REDACTED] COMPANY EMAIL ADDRESS: [REDACTED]

SECTION F ELECTRONIC PAYMENT

Proposal Title: Prescription Drug Benefits – Personnel Services

Proprietary and Confidential

Proposal Number: 21-0180-P(LN)

Electronic Payment (ePayables)

The Pinellas County Board of County Commissioners (County) offers a credit card payment process (ePayables) through Bank of America. Pinellas County does not charge vendors to participate in the program; however, there may be a charge by the company that processes your credit card transactions. For more information please visit Pinellas County purchasing website at www.pinellascounty.org/purchase.

Would your company accept to participate in the ePayables credit card program?

Yes No

Express Scripts, Inc.

Company Name 

Authorized Signature (for payment acceptance)

Michael Donnelly, VP & GM Account Management, Government Markets

Printed Signature/Title/Department

314.684.5230

Phone Number

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Express Scripts, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from FATCA reporting code (if any) <u>N/A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. One Express Way</p> <p>6 City, state, and ZIP code St. Louis, MO 63121</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	3		1	4	2	0	5	6	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 7/15/2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Pinellas County - Implementation Timeline

#	Task Name	Owner	Target Completion
1	INFORMATION GATHERING		
2	Request initial implementation documents	ESI	First 3 Days
3	Provide current SPD's and benefit documents	Client	First 4 Days
4	Provide proposed account structure	Client	First 7 Days
5	Provide copay intent	Client	First 7 Days
6	INITIATING IMPLEMENTATION		
7	Kickoff meeting	ESI/Client	First 10 Days
8	Distribute meeting notes and BID from the kickoff meeting	ESI	First 14 Days
9	BENEFIT INTENT		
10	<i>Benefit Design</i>		
11	Review benefit design	ESI/Client	First 17 Days
12	<i>Coordination of Benefits</i>		
	Review coordination of benefits	ESI/Client	Days 9 - 17
13	COB discussion with product team	ESI/Client	Days 9 - 17
14	<i>Copay</i>		
15	Create copay grid	ESI	Days 9 - 17
16	Provide final copay grid for approval	ESI	Days 17 -20
17	Approve final copay grid	Client	Days 20 -26
18	Build copays within ESI system	ESI	Days 26 - 72
19	<i>Group Structure</i>		
20	Create group structure	ESI	Days 9 - 17
21	Provide final account structure for approval	ESI	Days 17 -20
22	Approval final group structure	Client	Days 20 -26
23	Build group structure within ESI system	ESI	Days 26 - 72
24	<i>Welcome Kit Communications</i>		
25	Discuss welcome kit communications	ESI/Client	Days 9 - 17
26	Provide logo for communication materials, if required	Client	Days 17 -25
27	Provide welcome kit proof for review	ESI	Days 25 - 35
28	Approve welcome kits	Client	Days 35 - 41
29	Distribute welcome kits	ESI	Days 102 - 115
30	<i>Client/Vendor Generated ID Cards</i>		
31	Provide ID card proof for review	Client	Days 25 - 35
32	Approve ID card proof	ESI	Days 35 - 41
33	<i>eBusiness Tools (user portal access)</i>		
34	Present eBusiness tools	ESI	Days 10 - 18
35	Provide a list of users and their level of access	Client	Days 18 - 24

Pinellas County - Implementation Timeline

#	Task Name	Owner	Target Completion
36	Send user IDs and passwords	ESI	Days 74 - 84
37	Send training materials	ESI	Days 104 - 109
38	<i>Claims Files</i>		
39	Discuss claims files intent	ESI/Client	Days 9 - 17
40	<i>Initial Eligibility</i>		
41	Discuss initial eligibility intent	ESI/Client	Days 9 - 17
42	<i>Review and Appeals</i>		
43	Review appeals and conditions of coverage	ESI/Client	Days 9 - 17
44	<i>Transition Strategy</i>		
45	Review transition strategy	ESI/Client	Days 9 - 17
46	Provide finalized Benefit Intent Document	ESI	Days 17 - 20
47	Approve Benefit Intent Document	Client	Days 20 -26
48	OPEN ENROLLMENT		
49	<i>Plus Open Enrollment</i>		
50	Provide open enrollment client specific URL	ESI	Days 42 - 45
51	Provide open enrollment FAQ	ESI	Days 45 - 53
52	Provide additional PDF's for website, if applicable	ESI/Client	Days 45 - 53
53	Confirm open enrollment is live	ESI	Days 91 - 92
54	<i>Traditional Open Enrollment</i>		
55	Review open enrollment structure grid	ESI	Days 17 - 23
56	Approve open enrollment structure grid	ESI	Days 23 - 26
57	Provide open enrollment website link	ESI	Days 42 - 50
58	Confirm benefit readiness for open enrollment	Client	Days 85 - 89
59	Confirm open enrollment is live	ESI	Days 91 - 92
60	CDH/SHARED ACCUMULATOR INTENT		
61	Conduct CDH call to review shared accumulator intent document	ESI/Client/ Medical Vendor	Days 48 - 52
62	Provide final CDH/shared accumulators BID	ESI	Days 52 - 55
63	Approve final CDH/shared accumulators BID	Client	Days 55 - 57
64	CLINICAL & UTILIZATION MANAGEMENT DECISIONS		
65	Provide clinical implementation document template, if applicable	ESI	Days 10 - 11
66	Return completed clinical implementation document template	Client	Days 12 - 20
67	Provide any additional clinical program and coverage detail	Client	Days 11 - 19
68	Complete drug coverage mapping	ESI	Days 31 - 37

Pinellas County - Implementation Timeline

#	Task Name	Owner	Target Completion
69	Conduct clinical call to review clinical coverage	ESI	Days 44 - 45
70	Approve drug grid	Client	Days 45- 51
71	Confirm formulary requirements	ESI/Client	Days 45 - 51
72	Approve clinical addendum	Client	Days 45 - 51
73	ELIGIBILITY		
74	Hold eligibility kick off call	ESI/Client	Days 16 - 24
75	Establish eligibility file layout and transmission method	ESI	Days 24 - 25
76	Provide eligibility statement of work (SOW) for approval	ESI	Days 24 - 27
77	Approve eligibility statement of work (SOW)	Client	Days 27 - 30
78	Establish FTP with eligibility vendor	ESI	Days 30 - 65
79	<i>Eligibility Test File</i>		
80	Send eligibility test file	ESI	Days 76 - 79
81	Review eligibility test file results	ESI/Client	Days 80 - 82
82	Approve eligibility test file results	Client	Days 82 - 83
83	<i>Eligibility Re-Test File, if applicable</i>		
84	Send eligibility test file	ESI	Days 82 - 86
85	Review eligibility test file results	ESI/Client	Days 87 - 89
86	Approve eligibility test file results	Client	Days 89 - 90
87	<i>Eligibility Production File</i>		
88	Send eligibility production file	ESI	Days 91 - 92
89	Review eligibility production file results	ESI/Client	Days 93 - 94
90	Approve eligibility production file results	Client	Days 94 - 95
91	Load final production file	ESI	Days 95 - 96
92	Start ongoing production eligibility updates	ESI/Client	Days 97 - 120
93	PHARMACY NETWORK		
94	Confirm pharmacy network requirements	ESI/Client	Days 9 - 10
95	LEGAL DOCUMENTS		
96	Provide PHI disclosure forms	ESI	Days 10 -11
97	Return signed PHI disclosure forms	Client	Days 12 -17
98	Provide ERISA appeals external form	ESI	Days 10 -11
99	Return signed ERISA appeals external form	Client	Days 12 - 17
100	Provide Medicaid subrogation agreement	ESI	Days 10 -11
101	Return signed Medicaid subrogation agreement	Client	Days 12 - 17
102	FILE LOADS: MEMBER DATA TRANSITION		
103	File transitions call with incumbent	ESI/Client	Days 14 - 19
104	<i>Open Refill Transfer File (ORTF)</i>		
105	Receive Open Refill Transfer Test File from Vendor	ESI	Days 93 - 99

Pinellas County - Implementation Timeline

#	Task Name	Owner	Target Completion
106	Load Open Refill Transfer Test File from Vendor	ESI	Days 99 - 105
107	Receive Open Refill Production File from Vendor	ESI	Days 120 - 124
108	Process Open Refill Production File from Vendor	ESI	Days 124 - 130
109	Receive Open Refill Post-Production File from Vendor	Client	Days 132 - 135
110	Process Open Refill Post-Production File from Vendor	ESI	Days 135 - 141
111	<i>Prior Authorization File (PA)</i>		
112	Receive Prior Authorization Wave 1 File from Vendor	ESI	Days 93 - 99
113	Load Prior Authorization Wave 1 File from Vendor	ESI	Days 99 - 105
114	Receive Prior Authorization Wave 2 File from Vendor	ESI	Days 132 - 135
115	Load Prior Authorization Wave 2 File from Vendor	ESI	Days 135 - 141
116	<i>Claims History File</i>		
117	Receive Claims History Wave 1 File from Vendor	ESI	Days 93 - 99
118	Load Claims History Wave 1 File from Vendor	ESI	Days 99 - 105
119	Receive Claims History Wave 2 File from Vendor	ESI	Days 132 - 135
120	Load Claims History Wave 2 File from Vendor	ESI	Days 135 - 141
121	<i>Additional File Loads (Deductible, CAP, OOP), if applicable</i>		
122	Receive Wave 1 of all additional production files from vendor	ESI	Days 93 - 99
123	Load Wave 1 of all additional production files from vendor	ESI	Days 99 - 105
124	Receive Wave 2 of all additional production files from vendor	ESI	Days 132 - 135
125	Load Wave 2 of all additional production files from vendor	ESI	Days 135 - 141
126	<i>Patient Profile Transfers (PPT), if applicable</i>		
127	Confirm PPT complete	ESI	Days 120 - 124
128	MEMBER COMMUNICATIONS		
129	Discuss initial communications	ESI/Client	Days 9 - 17
130	<i>Targeted Communications, if applicable</i>		
131	Determine member letter requirements	ESI	Days 17 - 25
132	Define communication strategy and timing	ESI/Client	Days 17 - 25
133	Provide targeted mailings for review and approval	ESI	Days 55 - 70
134	Approve targeted mailing	ESI/Client	Days 70 - 78
135	Mail targeted letters	ESI	Days 91 - 99
136	INVOICING/BILLING		
137	Review Invoicing & Billing document	ESI/Client	Days 16 - 17
138	Send PAD/EFT form, if applicable	ESI	Days 17 - 18
139	Return approved Invoicing & Billing doc, and PAD/EFT form	Client	Days 18 - 22
140	Receive first invoice	Client	Days 127 - 134
141	CUSTOMER SERVICE		

Pinellas County - Implementation Timeline

#	Task Name	Owner	Target Completion
142	Request toll free customer service number	ESI	Days 16 - 19
143	Provide toll free customer service number	ESI	Days 26 - 31
144	Confirm customer service phone line is active	ESI	Days 85 - 86
145	IMPLEMENTATION PERFORMANCE GUARANTEES, IF APPLICABLE		
146	Review implementation PGs	ESI/Client	Days 10 18
147	Select specific PGs	Client	Days 18 - 40
148	Present final PG outcome	ESI	Days 141 - 149
149	PRE-GO-LIVE		
150	Provide Client Service Center Welcome Flyer	ESI	Days 109 - 110
151	Review final documentation	Client	Days 113 - 114
152	POST-GO-LIVE		
153	Monitor claims transactions and provide daily summary	ESI	Days 120 - 136
154	Post-implementation survey	Client	Days 146 - 152
154	Transition to account team	ESI	Days 151 - 152



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/26/2020

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Cigna Corporation Et Al Express Scripts Holding Company 900 Cottage Grove Road Bloomfield CT 06002 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: Lexington Insurance Company		19437
	INSURER D: American Guarantee & Liability Ins Co		26247
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570082598584 **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:			HDOG71232670 General Liability	07/01/2020	07/01/2021	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	\$4,000,000
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 H25301535	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<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			AUC967096612 Excludes Pol# 35407110	07/01/2020	07/01/2021	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR66922443	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
C	Products Liab			35407110 Express Scripts Only	07/01/2020	07/01/2021	CompOps-Claims Made	\$10,000,000

Certificate No : 570082598584

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached list of additional Named Insureds.

CERTIFICATE HOLDER**CANCELLATION**

Express Scripts Holding Company One Express Way, HQ2N01 St. Louis MO 63121 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 <i>Aon Risk Services Central, Inc.</i>





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Cigna Corporation Et Al	
POLICY NUMBER See Certificate Number: 570082598584			
CARRIER See Certificate Number: 570082598584	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	
	OTHER							
C	Misc Med Prof			35407109 Healthcare Prof Liab	07/01/2020	07/01/2021	HC Limit - Claims Made	\$10,000,000
C	ManageCare Liab			33085874 Managed Care E&O	07/01/2020	07/01/2021	MC Limit - Claims Made	\$10,000,000
							SecurityPriv Claims Made	\$5,000,000

Additional Named Insureds (1 of 2)

Allegiance Benefit Plan Management, Inc.
Allegiance Cobra Services, Inc.
Bravo Health Mid-Atlantic, Inc.
Brighter Inc.
Cigna Behavioral Health, Inc.
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 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 Health and Life Insurance Company
Cigna Health Management, Inc.
Cigna Healthcare of Arizona, Inc.
Cigna Healthcare of California, Inc.
Cigna Healthcare of Georgia, Inc.
Cigna Healthcare of North Carolina, Inc.
Cigna Healthcare of Tennessee, Inc.
Cigna Healthcare of Utah, Inc.
Cigna Healthcare, Inc.
Cigna Life Insurance Company of New York
Cigna Onsite Health, LLC
Connecticut General Life Insurance Company
Express Scripts Holding Company
Gulfquest, LP
Healthspring Life & Health Insurance Company, Inc.
Healthspring of Florida, Inc.
Healthspring USA, LLC
Healthspring, Inc.
Home Physicians Management, LLC
Life Insurance Company of North America
Newquest Management Northeast, LLC
Newquest Management of Alabama, LLC
Newquest, LLC
Qualcare Alliance Networks, Inc.
Qualcare, Inc.
Scibal Associates, Inc.
Tel-Drug of Pennsylvania, L.L.C.

Tel-Drug, Inc.
Verity Solutions Group, Inc.
Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
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
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.
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, 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.
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Services Co.

Additional Named Insureds (2 of 2)

Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Utilization Management Company
Express Scripts, Inc.
Freco, Inc.
Freedom Service Company, LLC
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
Innovative Product Alignment, LLC
Inside RX, LLC
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, 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
Palladian Health of Florida, LLC
Palladian Independent Practice Association, LLC
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc.
QPID Health, LLC
Specialty Products Acquisitions, LLC
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/07/2020

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Cigna Corporation Et Al 900 Cottage Grove Road Bloomfield CT 06002 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570084453511 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Cyber Liability			33085874 Security and Privacy Liab	07/01/2020	07/01/2021	Agg-Claims Made \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached list of additional Named Insured

Certificate No : 570084453511

CERTIFICATE HOLDER**CANCELLATION**

Express Scripts Evidence of Insurance One Express Way St. Louis MO 63121 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 <i>Aon Risk Services Central, Inc.</i>
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Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
AS Acquisition Corp.
Biopartners in Care, Inc.
Care Continuum, Inc.
CareCore National Group, LLC
CareCore NJ, LLC (dba eviCore healthcare NJ ODS)
CCN NMO, LLC (dba eviCore healthcare IPA)
CCN-WYN IPA, LLC (dba eviCore healthcare IPA)
Chiro Alliance Corporation
Choicelinx Corporation
Cigna Arbor Life Insurance Company
CIGNA BEHAVIORAL HEALTH, INC.
CIGNA Corporation
Cigna Corporation Et Al
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Maryland, Inc.
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 EUROPE INSURANCE COMPANY S.A.-N.V.
Cigna European Services UK Limited (CESL)
Cigna European Services UK Limited, Barcelona
Cigna Global Health Benefits (CGHB)
CIGNA GROUP INSURANCE
Cigna Health and Life Insurance Company (CHLIC)
Cigna Health Management Inc.
CIGNA HEALTHCARE OF CALIFORNIA, INC.
Cigna HealthCare of Connecticut, Inc
Cigna Healthcare of South Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna HLA Technology Services LTD
Cigna Insurance Middle East S.A.L.
Cigna International Health Services BVBA
Cigna Life Insurance Company of Europe, Madrid
Cigna Onsite Health, LLC
Connecticut General Life Insurance Company (CGLIC)
CuraScript, Inc.
Diversified NY IPA, Inc
Diversified Pharmaceutical Services, Inc.
DNA Direct, 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.
eviCore healthcare MSI, LLC (dba eviCore healthcare)
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, 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.
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Services Co.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Utilization Management Company
Express Scripts, Inc.
Freco, Inc.
Freedom Service Company, LLC
GulfQuest, LP
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
HealthFortis, Inc.
HealthSpring Life & Health Insurance Company, Inc.
HealthSpring of Florida, Inc.
HealthSpring, 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.

Additional Named Insureds (2 of 2)

Landmark Healthcare New Mexico, Inc. Landmark
Healthcare Services, Inc.
(dba eviCore Healthcare MSK Services)
Landmark Healthcare, Inc. (dba eviCore healthcare MSK)
Life Insurance Company of North America (LINA)
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, 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.
Qual-Lynx
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)
UBC Late Stage (UK) Limited
UBC Late Stage, Inc.
United BioSource (Germany) GmbH
United BioSource (HCA Canada) Company
United BioSource (Suisse) SA
United BioSource Corporation, S.L.

United BioSource Holding (Canada) Company
United BioSource Holding (UK) Limited
United BioSource Holdings, Inc.
United BioSource LLC
United BioSource Patient Solutions, Inc.