



# CONTRACT FOR

# FULLY-INSURED PPO MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN BENEFITS DMS-18/19-054A

BETWEEN
STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
AND

SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

# **Table of Contents**

Section 1 I	DEFINITIONS	5
Section 2	CONTRACT DOCUMENTS	7
2.1	Rules of Interpretation	7
2.2	Hierarchy of Documents	8
Section 3	TERM, SCOPE OF SERVICES AND PAYMENTS	8
3.1	Term	8
3.1.1	Initial term	8
3.1.2	Renewals	8
3.2	Department's Right to Terminate for Convenience	9
3.3	Scope of Work	9
3.4	Department's Right to Suspend Work	9
3.5	Department's Obligation to Supply Data to Contractor	9
3.6	Bills for Travel	9
3.7	Payments	9
3.8	Uniform Premium Requirements	9
3.9	Specific Appropriation	10
Section 4	CONTRACT ADMINISTRATION	10
4.1	Ownership of Materials and Record Retention	10
4.2	Contractor Obligations	10
4.2.1	General	10
4.2.2	Major Organizational Changes	10
4.2.3	Subcontractors	10
4.2.4	Background Screening, Record Retention, and Warranty of Security	11
4.2.5	Work Locations, No Offshoring of Data	13
4.2.6	E-Verify	16
4.2.7	Scrutinized Companies – Termination by the Department	16
4.2.8	Removal or Replacement of Employees and Subcontractors for Cause	16
4.2.9	Employment of State Workers	16
4.2.10	) Duty to Defend	16
4.3	Acceptance of Services	16
4.4	Warranty	17
Section 5	AUDIT RIGHTS	17

Section 6	DIVERSITY	18
Section 7	LIQUIDATED DAMAGES	18
7.1	Generally	18
7.2	Implementation Delays	18
7.3	Failure to Meet Performance Guarantees	18
Section 8	3 INSURANCE	19
8.1	Insurance Coverage	19
8.2	Performance Bond	20
Section 9	EVENTS OF DEFAULT AND REMEDIES	20
9.1	Contractor Events of Default	20
9.2	Department Remedies in the Event of Default	22
9.3	Department Events of Default	22
9.4	Contractor Remedies in the Event of Default	22
9.5	Rights Cumulative, No Waiver	22
Section 1	10 TERMINATION FOR CAUSE	23
10.1	Termination for Cause	23
10.2	Exclusive Remedy	23
10.3	State's Right to Cure Contractor's Default	23
Section 1	11 GENERAL PROVISIONS	23
11.1	Advertising	23
11.2	Assignment, Acquisition by Third Party	24
11.3	Change of Statute or Regulation or Governmental Restrictions	24
11.4	Compliance with Laws, Including HIPAA	24
11.5	Contract Administrator	25
11.6	Contract Managers	25
11.7	Dispute Resolution	26
11.8	Venue	26
11.9	Entire Contract	26
11.10	Execution in Counterparts	27
11.11	Force Majeure, Notice of Delay and No Damages for Delay	27
11.12	Changes	27
11.13	Further Assurances	27
11.14	Indemnification	27

11.15	Defense of Third-Party Claims	28
11.1	5.1 Notice of Claims	28
11.1	5.2 Department as Real Party in Interest	28
11.1	5.3 Contractor as Real Party in Interest	29
11.1	5.4 Cooperation in the Defense of Administrative and/or Legal Actions	29
11.1	5.5 Administrative Proceedings	29
11.1	5.6 Support and Communication with Contractor's Legal Affairs Department	29
11.16	Independent Contractor Status	29
11.17	Inspection at Contractor Site	30
11.18	Intellectual Property	30
11.19	Lobbying and Integrity	30
11.20	Loss of Data	30
11.21	Modifications of Terms	30
11.22	Notices	
11.23	Public Records	
11.24	Contractor as an Agent3	
11.25	Rights to Records	32
11.26	Taxes	32
11.27	Waiver	32
11.28	Warranty of Authority	32
11.29	Warranty of Ability to Perform	32
11.30	Severability	33
11.31	Organizational Conflicts of Interest	33
11.32	Best Pricing Clause	33
11.33	Cooperation with the Inspector General	33

# **ATTACHMENTS:**

ATTACHMENT 1: AFFIDAVITS

ATTACHMENT 2: PERFORMANCE GUARANTEES ATTACHMENT 3: ENROLLMENT FILE LAYOUT

ATTACHMENT 4: ENROLLMENT FILE TRANSFER SCHEDULE

ATTACHMENT 5: REPORTING AND DELIVERABLES

ATTACHMENT 6: PPO PLAN DESIGN AND FINANCIAL PROPOSAL

ATTACHMENT 7: BUSINESS ASSOCIATE AGREEMENT

### CONTRACT

This Contract is between the STATE OF FLORIDA, DEPARTMENT OF MANAGEMENT SERVICES (Department), an agency of the State of Florida with offices at 4050 Esplanade Way, Tallahassee, Florida 32399-0950, and SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. (Contractor), a State of Nevada, Foreign Profit Corporation, with offices at 2720 N. Tenaya Way, Las Vegas, NV 89128, each a "Party" and collectively referred to herein as the "Parties".

**WHEREAS**, the Department, having received less than two (2) responsive sealed replies, withdrew the Department's Request for Proposals (RFP) No. DMS-18/19-054 for Fully-Insured Medicare Advantage and Prescription Drug Plans (MA-PD).

**WHEREAS**, the Department, proceeded to negotiate the best terms and conditions for the State of Florida for a voluntary Fully-Insured MA-PD Plans, pursuant to section 287.057(5), Florida Statutes, in lieu of re-soliciting competitive sealed proposals.

**WHEREAS**, the Contractor participated in the Department's negotiations of best terms and conditions for exceptional purchase No. DMS-18/19-054 for Fully-Insured Preferred Provider Organization (PPO) MA-PD Plans. The Parties enter into this Contract in accordance with the terms and conditions of the RFP.

WHEREAS, the Contractor is an affiliate of UnitedHealthcare Insurance Company, Inc.

**NOW THEREFORE**, in consideration of the premises and mutual covenants set forth herein, the Parties agree as follows:

### Section 1 DEFINITIONS

The following capitalized terms used in this Contract (including the Attachments and any attachments thereto) have the meanings ascribed below:

- 1.1 "Access" means the ability to or to review, inspect, approach, instruct, communicate with, store data in, retrieve data from, or otherwise make use of any data, regardless of type, form, or nature of storage. Access to a computer system or network includes local and remote access.
- 1.2 "Account Management Team" means the individuals employed by the Vendor who will have primary responsibility for the Department's account. Vendor shall provide a written list of its Account Management Team members within ten (10) Calendar Days of Contract execution. Changes to the individuals listed shall be sent to the Department in writing, within ten (10) Calendar Days of the change.
- **1.3** "Business Day" means any day of the week excluding weekends and holidays observed by State agencies pursuant to subsection 110.117(1)(a)-(j), Florida Statutes.
- **1.4** "Calendar Day" means any day in a month, including weekends and holidays.

- **1.5** "Claim(s)" means an application for payment of, or reimbursement for, health care expenses incurred by Members, which is filed in accordance with the Centers for Medicare & Medicaid Services (CMS) and the Vendor.
- 1.6 "Confidential Information" means information in the possession or under control of the State or Vendor that is exempt from public disclosure pursuant to section 24, Article I of the Constitution of the State; the Public Records Law, Chapter 119, Florida Statutes; or to any other Florida law, federal law or regulation that serves to exempt information from public disclosure.
- **1.7** "Contract" means this agreement between the Department and Contractor, consisting of the documents set forth in subsection 2.2.
- **1.8** "Contract Administrator" means the person designated pursuant to subsection 11.5 of this Contract.
- **1.9** "Contract Manager" means those persons designated pursuant to subsection 11.6 of this Contract.
- **1.10** "Contractor" means Sierra Health and Life Insurance Company, Inc.
- **1.11** "Covered Benefits and Services" means the benefits and services described in the Plan.
- **1.12** "Department" means the Florida Department of Management Services.
- **1.13** "Deliverables" mean those services, items and/or materials provided, prepared, and delivered to the Department in the course of performance under this Contract by the Contractor.
- **1.14** "Division" means the Department's Division of State Group Insurance.
- **1.15** "Effective Date" means January 1, 2020 at 12:00 A.M., Eastern Time, the first date Services are provided to Members.
- **1.16** "Eligible Dependents" means enrolled dependents of Enrollees, as defined by Florida Administrative Code and by statutes.
- **1.17** "Enrollee" means those persons as defined in subsection 110.123(2)(b), Florida Statutes who meet Medicare eligibility requirements for MA-PD plans.
- **1.18** "Implementation Date" means the date the Contract is fully executed by all Parties.
- **1.19** "Implementation Plan" means the written description provided by Contractor, as approved by the Department, of the schedule of actions necessary to implement the services and begin fulfilling the Contract in a timely manner.
- **1.20** "Member" means those persons defined as "health plan member" in subsection 110.123(2)(e), Florida Statutes.

- **1.21** "Notice" means the appropriate method of notification from one Party to the other Party in the manner identified by the Department.
- **1.22** "Performance Guarantees" means specific measurement indicators assigned to Contract tasks representing timeliness and quality of task output.
- **1.23** "Plan" is the Contractor's awarded plan design(s) (Attachment 6).
- **1.24** "Plan Year" means the calendar year (January 1st to December 31st).
- **1.25** "RFP" means Request for Proposals No. DMS-18/19-054 Fully-Insured Medicare Advantage and Prescription Drug Plan(s), including all attachments and addenda.
- **1.26** "Run-Out Claim" means a Claim for medical expenses incurred by a Member during the term of the Contract, which is received by the Contractor after termination of the Contract and within sixteen (16) months from the date that the health care services relating to such Claim were rendered.
- **1.27** "Services" means services to be performed by Contractor as specified in this Contract. The term "Services" includes but is not limited to, any unspecified Service that is inherent in proper delivery of a specified Service.
- 1.28 "State of Florida Data" means information, knowledge, facts, concepts, computer software, computer programs or instructions, whether it is exempt, confidential, or Protected Health Information that are protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. §§ 160 and 164, the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), and the regulations promulgated thereunder, and section 110.123(9), Florida Statutes. State of Florida Data may be in any form, including but not limited to, storage media, computer memory, in transit, presented on a display device, or in physical media such as paper, film, microfilm, or microfiche. State of Florida Data includes the original form of the State of Florida Data and all metadata associated with the State of Florida Data.
- **1.29** "Subcontractor" means the Contractor's subcontractors and agents that deliver the Services required by this Contract. The term "Subcontractor" does not include health care providers.

### **Section 2 CONTRACT DOCUMENTS**

## 2.1 Rules of Interpretation

In this Contract, unless otherwise indicated or otherwise required by the context, the following rules of interpretation shall apply:

- Reference to, and the definition of, any document (including any attachments) shall be deemed a reference to such document as it may be amended, supplemented, revised, or modified:
- The table of contents and section headings and other captions are for the purpose of reference only and do not limit or affect the content, meaning, or interpretation of the text;
- Defined terms in the singular shall include the plural and vice versa and the masculine, feminine or neutral-genders shall include all genders;

- The words "hereof," "herein," "hereunder," and words of similar import, shall refer to this Contract as a whole and not to any particular provision of this Contract;
- The words "include," "includes," and "including" are deemed to be followed by the phrase "without limitation";
- Any reference to a governmental entity or person shall include the governmental entity's or person's authorized successors and assigns; and
- The words "quarterly," "on a quarterly basis," "quarterly meeting," or other similar terms mean, unless otherwise stated herein, once every three (3) months, beginning January 1, 2020.

# 2.2 Hierarchy of Documents

The Contract, comprising the following documents, sets forth the entire understanding between the Parties. In the event that any of the Contract documents conflict, the order of precedence set forth below shall control.

The following order of precedence applies to this Contract:

- 1. This Contract document and all attachments excluding Attachment 6: PPO Plan Design and Financial Proposal.
- 2. Attachment 6: PPO Plan Design and Financial Proposal.
- 3. The RFP, which is incorporated herein by reference, and all attachments thereto.
- 4. Contractor's Proposal to the RFP, excluding the Financial Proposal and Plan Design, which is incorporated herein by reference.
- 5. The General Contract Conditions PUR 1000 form, which are incorporated by reference, and available at the weblink listed below.

https://www.dms.myflorida.com/content/download/2933/11777/PUR\_1000\_General\_Contract\_Conditions.pdf

In the event of any conflict between this Contract and any applicable federal or state statute, administrative rule or regulation; the statute, rule, or regulation will control.

# Section 3 TERM, SCOPE OF SERVICES AND PAYMENTS

### 3.1 Term

# 3.1.1 Initial term

The initial Contract term is two (2) years and Services will commence on the Effective Date and end at 11:59:59 P.M., on December 31, 2021, unless extended, terminated, or renewed as provided herein. The Parties acknowledge that the Plan will not be administered under this Contract until January 1, 2020. While implementation services will be required, premium payments from Enrollees will not be collected until December 2019, for coverage effective January 1, 2020.

### 3.1.2 Renewals

The Parties may renew the Contract for up to three (3) additional one (1) year renewal terms. Such renewal will be binding on the Partiesand may be in one (1) year or multiple year increments. Renewal in whole or in part shall be contingent upon the Department's determination that the Contractor has satisfactorily performed its obligations under the Contract. The Department shall also consider whether the Contractor has been subject to any performance violations and/or

liquidated damages in complying with any of the Contract requirements. Any renewal shall be in writing and signed by both Parties.

The Contractor shall not charge any fees and/or costs for renewing the Contract.

# 3.2 Department's Right to Terminate for Convenience

The Department, by sixty (60) Calendar Days advance written Notice to the Contractor, may terminate the Contract, in whole or in part, for any reason or no reason at all when the Department determines, in its sole discretion, that it is in the Department's interest to do so. The Contractor shall not perform any Services after the effective date of the termination, except as necessary to complete the continued portion of the Contract, if any. The Contractor will not be entitled to recover any lost profits, consequential or indirect damages, or any other damages other than the payment amounts due for performance until the effective date of termination.

# 3.3 Scope of Work

The Contractor will provide all labor, materials, and supplies necessary to provide the Services as described in this Contract. Contractor agrees to periodic reviews by the Department on Contractor's performance to improve delivery of the scope of work.

Corrective work to comply with the requirements of this Contract will be performed by the Contractor at its expense, and the Contractor will not be entitled to any compensation for such corrective work.

# 3.4 Department's Right to Suspend Work

The Department may in its sole discretion suspend any or all Services under the Contract, at any time, when in the best interests of the Department to do so. The Department will provide Contractor written Notice outlining the particulars of suspension. Examples of the reason for suspension include, but are not limited to, budgetary constraints, declaration of emergency or other like circumstances. After receiving a suspension Notice, the Contractor will comply with the Notice.

# 3.5 Department's Obligation to Supply Data to Contractor

The Department shall supply all eligibility and personnel data and information necessary for Contractor to provide the Services.

### 3.6 Bills for Travel

Bills for travel expenses are not permitted under this Contract.

### 3.7 Payments

The Contractor agrees to perform all Services for the compensation and financial arrangements set forth in Attachment 6: PPO Plan Design and Financial Proposal of Contract No. DMS-18/19-054A. The Contractor shall submit bills for fees or other compensation for services or expenses in detail sufficient enough for a proper pre-audit and post-audit. The Department reserves the right to request additional documentation as needed. No additional compensation will be allowed.

### 3.8 Uniform Premium Requirements

The Department acknowledges the Contractor must comply with Chapter 9 of the Center for Medicare and Medicaid Services (CMS) Medicare Managed Care Manual related to Uniform Premium Requirements, as applicable.

# 3.9 Specific Appropriation

The funds from which the state will make payment for premiums under the Contract are non-operating authority granted by section 8, subsection (3)(c)3d of the General Appropriations Act, paid from the State Employees Group Health Insurance Trust Fund. The State of Florida's performance and obligation to pay under this Contract is contingent upon an annual appropriation authority by the Legislature. No Department funds will be expended under this Contract.

### Section 4 CONTRACT ADMINISTRATION

# 4.1 Ownership of Materials and Record Retention

All Deliverables, papers, documents, materials, work, and other items prepared by the Contractor and provided to the State for purposes of the Contract are the property of the Department and shall be available to the Department at any time. The Department has the right to use the same without restriction and without payments to Contractor other than that specifically provided by the Contract. Data deemed proprietary, trade secret or confidential shall be subject to compliance with Florida Statutes and federal laws and regulations.

Contractor shall retain sufficient documentation to substantiate Claims for payment under this Contract, and all other records, electronic files, papers, and documents, which were made for purposes of the Contract. Such records shall include magnetic tapes, CD-ROM, diskettes, or other electronic media files maintained by the Contractor directly relating to the Services, including file labels, complete file layouts, data element descriptions and detailed processing logic to assist the Department auditor in processing or utilizing files. Contractor shall retain all such records, papers, and documentation in compliance with record retention schedules published by the State of Florida Department of State.

# 4.2 Contractor Obligations

# 4.2.1 General

Contractor will provide any and all labor, materials, and supplies necessary to perform the Services in the manner prescribed by this Contract. The Contractor will meet or exceed the Minimum Service Requirements set forth in Attachment 2: Performance Guarantees.

# 4.2.2 Major Organizational Changes

The Parties agree that in order for efficient and effective communication to occur, clear lines of authority and areas of responsibility need to be identified for each Party. Each Party agrees to promptly notify the other in the event of any material change in personnel, address, or phone number.

The Contractor recognizes and agrees that award of the Contract was predicated upon features of Contractor's business organization as represented by the Contractor in its response to the RFP. If the Contractor transfers or sells fifty percent (50%) or more of its equity shareholder interests or allows a sale of substantially all of its assets, the Contractor shall notify the Department in writing no less than thirty (30) Calendar Days prior to such transfer or sale.

# 4.2.3 Subcontractors

Contractor is responsible for the acts or omissions of all Subcontractors, if any, it uses in the provision of the Services during the term of the Contract. The Department will have no liability of any kind for Subcontractor demands, loss, damage, negligence, or any expense relating, directly or indirectly, to Subcontractors.

Contractor will not subcontract any of the Services or enter into any subcontracts or change approved Subcontractors (including their key personnel and/or location of processes for the

Services) without providing the Department prior Notice of at least sixty (60) Calendar Days or, in case of an emergency, as soon as practicable. Each approved Subcontractor will be subject to the same terms and conditions as outlined in this Contract.

# 4.2.4 Background Screening, Record Retention, and Warranty of Security

All of Contractor's employees, Subcontractors, and agents performing work under the Contract must comply with all security and administrative requirements of the Department.

# 4.2.4.1 Background Screening

In addition to any background screening required by the Contractor as a condition of employment, the Contractor warrants that it will conduct a criminal background screening of, or ensure that such a screening is conducted for, each of its employees, Subcontractor personnel, independent contractors, leased employees, volunteers, licensees or other person, hereinafter referred to as "Person" or "Persons," operating under its direction who directly perform Services under the Contract, whether or not the Person has access to State of Florida Data, as well as those who have Access to State of Florida Data, whether or not they perform Services under the Contract. The Contractor warrants that all Persons will have passed the Background Screening described herein before they have Access to State of Florida Data or begin performing services under the Contract. The look-back period for such background screenings shall be for a minimum of ten (10) years where ten (10) years of historical information is available.

The minimum background check process will include a check of the following databases through a law enforcement agency or a professional background screener accredited by the National Association of Professional Background Screeners or a comparable standard:

- Social Security Number Trace; and
- Criminal Records (Federal, State and County criminal felony and misdemeanor, national criminal database for all states, which make such data available).

The Contractor agrees that each Person will be screened as a prior condition for performing services or having Access to State of Florida Data. The Contractor is responsible for any and all costs and expenses in obtaining and maintaining the criminal background screening information for each Person described above. The Contractor will maintain documentation of the screening in the Person's employment file. The Contractor will abide by all applicable laws, rules and regulations including, but not limited to the Fair Credit Reporting Act and/or any equal opportunity laws, rules, regulations, or ordinances.

### 4.2.4.2 Disqualifying Offenses

If at any time it is determined that a Person has a criminal misdemeanor or felony record regardless of adjudication (e.g., adjudication withheld, a plea of guilty or nolo contendere, or a guilty verdict) within the last six (6) years from the date of the court's determination for the crimes listed below, or their equivalent in any jurisdiction, the Contractor is required to immediately remove that Person from any position with Access to State of Florida Data or directly performing services under the Contract. The disqualifying offenses are:

- Computer related or information technology crimes
- Fraudulent practices, false pretenses and frauds, and credit card crimes
- Forgery and counterfeiting
- Violations involving checks and drafts

- Misuse of medical or personnel records
- Felony theft

If the Contractor finds a Disqualifying Offense for a Person within the last six (6) years from the date of the court's disposition, it may obtain information regarding the incident and determine whether that Person should continue providing Services under the Contract or have Access to State of Florida Data. The Contractor will consider the following factors only in making the determination: i.) nature and gravity of the offense, ii.) the amount of time that lapsed since the offense, iii.) the rehabilitation efforts of the person and iv.) relevancy of the offense to the job duties of the Person. If the Contractor determines that the Person should be allowed Access to State of Florida Data, then Contractor shall maintain all criminal background screening information and the rationale for such Access.

The Contractor shall require all Persons to self-report within three (3) Business Days of adjudication to the Contractor any adjudication of guilt as described above for the Disqualifying Offenses. The Contractor shall immediately disallow that Person Access to any State of Florida Data or from directly performing Services under the Contract. Additionally, the Contractor shall require that the Person complete an annual certification that he or she has not received an adjudication of guilt as described above for the Disqualifying Offenses and shall maintain that certification.

# 4.2.4.3 Refresh Screening

The Contractor will ensure that all background screening will be refreshed every five (5) years from the time initially performed for each Person during the term of the Contract.

### 4.2.4.4 Annual Certification

The Contractor is required to submit an annual certification demonstrating compliance with the Warranty of Security to the Department by December 31<sup>st</sup> of each Contract year.

### 4.2.4.5 Duty to Provide Secure Data

The Contractor will maintain the security of State of Florida Data including, but not limited to, a secure area around any display of such State of Florida Data or State of Florida Data that is otherwise visible. The Contractor will also comply with all HIPAA requirements and any other state and federal rules and regulations regarding security of information. State of Florida Data cannot be disclosed to any person or entity that is not directly approved to participate in the scope of work set forth in this Contract.

### 4.2.4.6 Department's Ability to Audit Screening Compliance and Inspect Locations

The Department reserves the right to demand 1) an attestation setting forth the Contractor's background screening process and 2) an attestation by Contractor that Access to the State of Florida Data is secure and incompliance with the Contract and all applicable state and federal rules and regulations. This subsection does not limit the Department's audit rights as specified in this Contract.

# 4.2.4.7 Record Retention

The Contractor shall retain a list of all Persons with Access to State of Florida Data, including a statement confirming that each Person has passed the Background Screening required herein. Such a statement shall not include the substance of the screening results, only that the Person has passed the screening.

The Contractor shall create a written policy for the protection of State of Florida Data, including a policy and procedure for Access to State of Florida Data.

The Contractor shall document and record, with respect to each instance of Access to State of Florida Data:

- 1) The identity of all individual(s) who Accessed State of Florida Data in any way, whether those individuals are authorized Persons or not:
- 2) The duration of the individual(s)' Access to State of Florida Data, including the time and date at which the Access began and ended;
- 3) The identity, form, and extent of State of Florida Data accessed, including, but not limited to, whether the individual Accessed partial or redacted versions of State of Florida Data, read-only versions of State of Florida Data, or editable versions of State of Florida Data; and
- 4) The nature of the Access to State of Florida Data, including whether State of Florida Data was edited or shared with any other individual or entity during the duration of the Access, and, if so, the identity of the individual or entity.

The Contractor shall retain the written policy and information required in this subsection for the duration of this Contract and a period of no less than five (5) years from the date of termination of this Contract and any Contract extensions. The written policy and information required in this subsection shall be included in the Department's audit and screening abilities as defined in subsection 4.2.4.6. The written policy and information required in this subsection shall also be subject to immediate disclosure upon written or oral demand at any time by the Department or its designated agents or auditors.

Failure to compile, retain, and disclose the written policy and information as required in this subsection shall be considered a breach of the Contract. The resulting damages to the Department from a breach of this subsection are by their nature impossible to ascertain presently and will be difficult to ascertain in the future. The issues involved in determining such damages will be numerous, complex, and unreasonably burdensome to prove. The Parties acknowledge that these financial consequences are liquidated damages, exclusive of any other right to damages, not intended to be a penalty, and solely intended to compensate for unknown and unascertainable damages. The Contractor therefore agrees to credit the Department the sum of \$10,000 per event, for each breach of this subsection.

### 4.2.4.8 Indemnification

The Contractor agrees to defend, indemnify, and hold harmless the Department, the State of Florida, its officers, directors, and employees for any claims, suits or proceedings related to a breach of this subsection. The Contractor will include credit monitoring services at its own cost for those individuals affected or potentially affected by a breach of this subsection for a period of one (1) year following the breach.

### 4.2.5 Work Locations, No Offshoring of Data

Contractor, including its employees, Subcontractor personnel, independent contractors, leased employees, volunteers, licensees, or other persons operating under their direction, are prohibited from (i) performing any of the Services under the Contract outside of the U.S., or (ii) sending, transmitting, or accessing any State of Florida Data, outside of the U.S. The Parties agree that a violation of this provision will:

- (a) result in immediate and irreparable harm to the Department, entitling the Department to immediate injunctive relief, provided, however, this shall not constitute an admission by the Contractor to any liability for damages under subsection (c) below or any claims, liability, or damages to a third party, and is without prejudice to the Contractor in defending such claims.
- (b) entitle the Department to a credit of **\$50,000** per violation, with a cumulative total cap of **\$500,000** per event. This credit is intended only to cover the Department's internal staffing and administrative costs of investigations and audits of the transmittal of State of Florida Data outside the U.S.
- (c) entitle the Department to recover damages, if any, arising from a breach of this subsection and beyond those covered under subsection (b).
- (d) constitute an Event of Default not subject to the dispute resolution provisions in subsection 11.7 ("Dispute Resolution") of this Contract.

The credits in subsection (b) are a reasonable approximation of the internal costs for investigations and audits from a violation. The credits are in the nature of liquidated damages and not intended to be a penalty on the Contractor. By executing this Contract, Contractor acknowledges and agrees the costs intended to be covered by subsection (b) are not readily ascertainable and will be difficult to prove. Contractor agrees that it will not argue, and is estopped from arguing, that such costs are a penalty or otherwise unenforceable. For purposes of determining the amount of credits due hereunder, a group of violations relating to a common set of operative facts (e.g., same location, same time period, same off-shore entity) shall be treated as a single violation. The credits will be applied against the monthly invoices submitted by the Contractor, and are exclusive of any other right to damages.

# **4.2.5.1** Contractor's Responsibility to Notify Department

For purposes of subsections 4.2.5.1 through 4.2.5.3, the following definitions apply:

"Breach" means a confirmed event that compromises the confidentiality, integrity, or availability of information or State of Florida Data, or unauthorized access of State of Florida Data in electronic form containing personal information.

"Incident" means a violation or imminent threat of violation, whether such violation is accidental or deliberate, of information technology security policies, acceptable use policies, or standard security practices. An imminent threat of violation refers to a situation in which the state agency has a factual basis for believing that a specific incident is about to occur.

Notwithstanding any provision of this Contract to the contrary, the Contractor shall notify the Department as soon as possible and in all events immediately upon discovering any Breach or Incident regarding State of Florida Data; any unauthorized access of State of Florida Data (even by persons or companies with authorized access for other purposes); any unauthorized transmission of State of Florida Data; or any credible allegation or suspicion of a material violation of the above. This notification is required whether the event affects one Member or the entire population. The notification shall be clear and conspicuous and include a description of the following:

- (a) The incident in general terms.
- (b) The type of personal information that was subject to the unauthorized Access and acquisition.

- (c) The number of individuals who were or potentially have been affected by the Breach or Incident.
- (d) The actions taken by the Contractor to protect the State of Florida Data information from further unauthorized Access. However, the description of those actions in the written notice may be general so as not to further increase the risk or severity of the Breach.

Upon becoming aware of an alleged Breach or Incident, the Contractor shall set up a conference call (via a telephone call and email) with the Department's Contract Manager and any necessary parties. The conference call invitation shall contain a brief description of the nature of the event. When possible, a thirty (30) minute notice shall be given to allow Department personnel to be available for the call. If the designated time is not practical for the Department, an alternate time for the call shall be scheduled. All available information shall be shared on the call. The Contractor shall answer all questions based on the information known at that time and shall answer additional questions as additional information becomes known. The Contractor shall provide the Department with final documentation of the incident including all actions that took place. If the Contractor becomes aware of a Breach or Incident outside of normal business hours, the Contractor shall notify the Department's Contract Manager as soon as possible, and in all events, within twenty-four (24) hours.

The Contractor's failure to perform the obligations in this subsection shall also be an Event of Default, and will entitle the Department to recover any other damages it incurs arising from a failure to perform the obligations in this subsection (including any actual out-of-pocket expenses incurred by the Department to investigate and remediate the violation) and/or to pursue injunctive relief.

# 4.2.5.2 Contractor's Responsibility to Notify Members

The Contractor shall pay all costs to notify all Members whose State of Florida Data was accessed by any Breach, unauthorized access or transmission caused by the Contractor or its Subcontractors no later than thirty (30) Calendar Days after the determination of a Breach or reason to believe a Breach occurred. If the Contractor cannot identify the specific persons whose data may have been accessed, such notice shall be provided to all persons whose data reasonably may have been accessed. The Department shall pay all costs to notify such persons related to any Breach not caused by the Contractor or its Subcontractors. Nothing in this subsection will alter or replace the application of section 501.171, Florida Statutes, as to the Contractor's obligations and liability for Breaches concerning confidential personal information.

### 4.2.5.3 Credit Monitoring and Notification

The Contractor shall include credit monitoring services at its own cost for those Members affected or potentially affected by an alleged Breach for no less than a period of one (1) year following the Breach.

The Contractor shall provide the Department of Legal Affairs written notice of a Breach that affects 500 or more Members as soon as practicable, or within thirty (30) Calendar Days of the Breach. The Contractor shall provide the Department a copy of the written notice to the Department of Legal Affairs. If a Breach impacts more than 1,000 Members at a single time, the Contractor shall notify, without unreasonable delay, all consumer reporting agencies that compile and maintain files on consumers on a nationwide basis, as defined in the Fair Credit Reporting Act, 15 U.S. Code Section 1681a (p), of the timing, distribution, and content of the notices required pursuant to subsections 4.2.5.1 ("Contractor's Responsibility to Notify Department") and 4.2.5.2 ("Contractor's Responsibility to Notify Members") of this Contract.

# 4.2.6 E-Verify

Contractor is required to utilize the Department of Homeland Security's E-Verify system to verify the employment of all new employees hired by the Contractor to work on this Contract during the Contract term. Also, Contractor will include in related subcontracts a requirement that Subcontractors performing work or providing Services pursuant to the Contract utilize the E-Verify system to verify employment of all new employees hired by the Subcontractor during the Contract term.

# 4.2.7 Scrutinized Companies – Termination by the Department

The Department may, at its option, terminate the Contract if the Contractor is found to have submitted a false certification as provided under subsection 287.135(5), F.S., or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or been engaged in business operations in Cuba or Syria, or to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

# 4.2.8 Removal or Replacement of Employees and Subcontractors for Cause

The Department may refuse access to or require replacement of any Contractor, employee, Subcontractor, or agent for cause, including, but not limited to, technical or training qualifications, quality of work, change in security status, or non-compliance with the Department's security or other requirements. Such action shall not relieve Contractor of its obligation to perform all work in compliance with the Contract. The Department may reject and bar from any facility for cause any of Contractor's employees, Subcontractors, or agents.

# 4.2.9 Employment of State Workers

During the term of the Contract, Contractor shall not knowingly employ, subcontract with or subgrant to any person (including any non-governmental entity in which such person has any employment or other material interest as defined by section 112.312(15), Florida Statutes) who is employed by the State or who has participated in the performance or procurement of this Contract, except as provided in section 112.3185, Florida Statutes.

# 4.2.10 Duty to Defend

The Contractor shall, at no additional cost to the Department, defend the Department, the State and/or Members against any litigation brought by any health care provider(s) seeking payment for covered services in excess of the applicable payment negotiated by the Contractor. The Contractor agrees to pay all resulting damages awarded or settlement amounts in any such litigation, provided that the Department, the State, and/or the affected Members provided timely written notification to the Contractor of such litigation and provided that the Contractor had sole control of the defense of such litigation and any related settlement negotiations.

The Department and Contractor agree that neither the Department nor the Contractor is responsible for the health care that is delivered by health care providers, except as otherwise provided in the Contract. The defense of litigation and indemnification obligations of this Contract do not apply to any portion of any loss relating to the acts or omissions of health care providers with respect to Members.

### 4.3 Acceptance of Services

The Department will conduct its acceptance review in a manner to identify whether the Services materially fail to conform to the Contract. The Department shall Notify the Contractor in writing of material failures of a Service to conform to the Contract ("Notice of Nonconformity"), specifying

how the Service materially fails to meet the requirements of the Contract. Within five (5) Business Days of Notice of the Nonconformity, Contractor will give Notice of either:

- The correction of the Nonconformity and the nature of the correction;
- A written proposal for corrective action correcting the Nonconformity;
- Its disagreement as to the nature or scope of the Nonconformity and the reasons therefore.

Within ten (10) Business Days of Notice of the Contractor's reply, the Department will either accept or reject the Contractor's reply (with or without modifications from the Department) and provide Notice of the Department's decision and proposed remedy, if any.

# 4.4 Warranty

<u>Generally</u>. Contractor warrants that the Services shall be delivered in a professional workmanlike manner in accordance with the standards and quality prevailing among first-rate nationally recognized firms in the industry and in accordance with this Contract and this warranty will remain in effect for a period of three hundred, sixty-five (365) Calendar Days following delivery of the Services ("Warranty Period").

<u>Remedies</u>. In the event that the Department discovers that the Services are not delivered in accordance with the foregoing warranties during the Warranty Period, the Department will provide Notice to the Contractor, and the Contractor will promptly correct, cure, replace or otherwise remedy such performance at no cost to the Department.

This subsection shall survive termination of this Contract.

### **Section 5 AUDIT RIGHTS**

The Department has the right to conduct performance and/or compliance audits related to this Contract of any and all areas of Contractor and Subcontractors. The Department may at any time enter and inspect the Contractor's physical facilities where operations required under this Contract are performed, with reasonable Notice. Except in emergency situations, reasonable Notice will be provided for audits conducted at Contractor's premises. Audits may include, but not be limited to, audits of procedures, computer systems, claims files, provider contracts, service records, accounting records, internal audits, quality control assessments, and any and all applicable healthcare provider contracts and service programs related to this Contract. Contractor will cooperate and work with any representatives selected by the Department to conduct said audits and inspections, including but not limited to, other state agencies. Contractor will make available all data or information requested by the Department in furtherance of an audit. Prior to the commencement of this audit, the Contractor may request to enter into a mutually agreeable confidentiality agreement with any third-party auditor. However, no such agreement shall limit the Department's access to this audit report or any other document, and must be consistent with subsection 11.4 of this Contract, Article 1, section 24 of the Florida Constitution, and Chapter 119, Florida Statutes.

Contractor shall use reasonable efforts to obtain a release statement from its contracted healthcare providers for the Department or its designee to conduct compliance and performance audits on any of the Contractor's contracts relating to this Contract.

The right of the Department to perform audits and inspections will survive the expiration or termination of this Contract. Department will use reasonable efforts to minimize the number and

duration of such audits or inspections conducted and to conduct such audits and risks in a manner that minimizes disruption to Contractor's business operation.

This provision will not limit the rights of other state agencies or officers, such as the state's chief financial officer, Office of the Inspector General, and the Office of the Auditor General, to perform audits and inspections independently of, or in conjunction with the Department.

The Department will be responsible for the independent third-party auditor cost associated with any audit performed.

### **Section 6 DIVERSITY**

It is the policy of the State that Minority Business Enterprises, Woman-Owned Business Enterprises, and Service-Disabled Veteran Business Enterprises (as those terms are defined by Florida Statutes), have the maximum practicable opportunity to participate in performing contracts let by any State agency. Contractor will carry out this policy in the awarding of subcontracts to the fullest extent consistent with efficient Contract performance by reasonably considering such business enterprises as Subcontractors for the Services. Contractor further agrees to comply with all controlling laws and regulations respecting the participation of such business enterprises in the provision of the Services and to reasonably cooperate in any studies or surveys as may be conducted by the State to determine the extent of Contractor's compliance with this section.

# **Section 7 LIQUIDATED DAMAGES**

# 7.1 Generally

Time is of the essence in performing the Contract; this is true generally and particularly with respect to providing Services on the Effective Date and meeting the Performance Guarantees. Contractor acknowledges that untimely performance or other material noncompliance will damage the Department, but by their nature such damages are impossible to ascertain presently and will be difficult to ascertain in the future. The issues involved in determining the amount of damages will be multiple and complex, and will be dependent on many and variant factors, proof of which would be burdensome and require lengthy and expensive litigation, which the Parties desire to avoid. Accordingly, the Parties agree that it is in the Parties' best interests to agree upon a reasonable amount of liquidated damages, which are not intended to be a penalty and are solely intended to compensate for unknown and unascertainable damages. The Parties acknowledge that liquidated damages are contemplated and required by subsection 110.123(3)(d)3, Florida Statutes.

# 7.2 Implementation Delays

<u>Untimely Implementation of Services</u>. If Contractor fails to fully implement Services by the Effective Date, it shall pay liquidated damages of **\$10,000** per Calendar Day, not to exceed **\$100,000**, unless any such delay is due to the Department's failure to comply with the defined timeline. Contractor will pay this amount of liquidated damages for every full or partial Calendar Day until Services are fully implemented.

### 7.3 Failure to Meet Performance Guarantees

Contractor agrees to payment of liquidated damages if it fails to meet the Minimum Service Requirements set forth in Attachment 2: Performance Guarantees.

Liquidated damages are intended only to cover the Department's internal staffing and administrative costs and the diminished value of the Services provided under the Contract.

Notwithstanding anything in the Contract to the contrary, the total of any and all liquidated damages paid or to be paid by Contractor pursuant to this Contract for any calendar quarter will not exceed one hundred percent (100%) of the payment due under subsection 3.7.

Upon mutual agreement of the Parties, Performance Guarantees may be suspended from time to time for special circumstances. Suspension of a Performance Guarantee will not excuse Contractor from accumulating data relevant to that Performance Guarantee and reporting such data to the Department as part of the management reports delivered pursuant to this Contract.

Contractor will provide the Department with a Performance Guarantee report showing Service levels as set forth in Attachment 2: Performance Guarantees. The Department may, at its option, provide Contractor with a Performance Guarantee report template, which must be used. For each Performance Guarantee that the Contractor fails to meet, the Contractor will remit appropriate payment to the Department within forty-five (45) Calendar Days of the end of the reporting quarter. The Department is not required to Notice or invoice the Contractor for payment.

The Department may require the Contractor to propose and implement a reasonable corrective action plan to address and correct the root cause of any missed Performance Guarantee.

The inclusion of the Performance Guarantees in this Contract is intended to address unsatisfactory performance in the context of ongoing operations without resort to the default provisions set forth in Section 9: Events of Default and Remedies. However, if Contractor's performance falls below the minimum level of performance for the same Performance Guarantee for three (3) quarters and such failure is not otherwise excused, then the Department may declare an Event of Default.

Contractor will be excused for failing to meet any Performance Guarantee to the extent such failure is caused by the Department not performing any of its obligations under the Contract.

Contractor will advise the Department in writing as soon as possible of any circumstance or occurrence, which could excuse or affect Contractor's ability to achieve any of the Performance Guarantees. In all such cases, Contractor will cause to make all reasonable efforts to achieve the Performance Guarantees.

### **Section 8 INSURANCE**

# 8.1 Insurance Coverage

During the Contract term, Contractor will, at its sole expense, continuously maintain commercial insurance of such a type and with such terms and limits as may be reasonably associated with this Contract and as required by law. Providing and maintaining adequate insurance coverage is a material obligation of Contractor and performance may not commence on this Contract until such time as insurance is secured by the Contractor and is approved by the Department. The Department will not unreasonably withhold or delay such approval. The limits of coverage under each policy do not limit Contractor's or Subcontractor's liability and obligations under the Contract. Unless otherwise agreed in writing by the Department, all insurance policies must be through insurers authorized or eligible to write policies in Florida. The Contractor shall notify the Department immediately if the Contractor loses any liability insurance coverage.

<u>Commercial General Liability</u>. The Contractor must continuously maintain commercial general liability insurance (inclusive of any amounts provided by an umbrella or excess policy) in the face amount of five million dollars (\$5,000,000).

<u>Business Interruption Insurance</u>. Contractor must continuously maintain business interruption insurance coverage in the face amount of five million dollars (\$5,000,000).

<u>Professional Indemnity Insurance</u>. The Contractor must continuously maintain professional indemnity insurance that must cover professional liability and error and omissions in the face amount of five million dollars (\$5,000,000). Contractor will indemnify, defend and hold harmless the Department and its employees and agents, from and against any third-party claims, demands, loss, damage or expense caused by Contractor in connection with the performance of the Services related to professional liability and error and omissions. Each insurance certificate for such policy must include an agreement that the insurer will provide thirty (30) Calendar Days prior written Notice to the Department of cancellation for any coverage.

### 8.2 Performance Bond

In accordance with subsection 110.123(3)(d)2, Florida Statutes, contemporaneous with the execution of the Contract, Contractor will deliver to the Department's Contract Manager a performance bond or irrevocable letter of credit in the amount not to exceed twenty percent (20%) of the annual Contract amount, as determined by the Department. The bond or letter of credit shall be used to guarantee at least satisfactory performance by Contractor throughout the term of the Contract (including renewal years). The bond shall be maintained throughout the term of the Contract and shall be in effect for two (2) years thereafter, issued by a reliable surety company, which is licensed to do business in the State of Florida, as determined by the Department, and must include the following conditions:

<u>Obligee</u>: The Department shall be named as the beneficiary of the bond. The insurer or bonding company shall be obliged to cover the full cost of performance loss suffered by the State of Florida.

Notice of Attempted Change: The Contractor shall provide Department with ninety (90) Calendar Days prior written Notice or immediate Notice upon knowledge of any attempt to cancel or to make any other material change in the status, coverage, or scope of the required bond or of the Contractor's failure to pay bond premiums.

<u>Premiums</u>: The Department shall not be responsible for any premiums or assessments on the bond.

<u>Purpose of Bond</u>: The performance bond is to protect the Department and the State against any loss sustained through failure of the Contractor to perform the Services in accordance with the Contract.

Upon execution of the Contract and by Contract year start each year following the Effective Date, the Contractor shall provide the Department with a surety bond continuation certificate or other acceptable verification that the bond is valid and has been renewed for an additional year.

As an alternative to the surety bond described in this subsection, the Contractor may use an irrevocable letter of credit on an annually renewable basis, which in the reasonable judgment of the Department, provides substantially equivalent protection.

# **Section 9 EVENTS OF DEFAULT AND REMEDIES**

### 9.1 Contractor Events of Default

Any one (1) or more of the following events by Contractor, which is not cured within ten (10) Calendar Days after receipt of Notice thereof by the Department shall constitute an Event of Default:

- Contractor fails to pay any sum of money due hereunder;
- Contractor fails to provide the Services required under this Contract;
- Contractor employs an unauthorized alien in the performance of any work required under this Contract;
- Contractor fails to correct work that the Department has rejected as unacceptable or unsuitable;
- Contractor discontinues the performance of the work required under this Contract;
- Contractor fails to resume work that has been discontinued within a reasonable time after Notice to do so;
- Contractor abandons the project;
- Contractor becomes insolvent or is declared bankrupt;
- Contractor files for reorganization under the bankruptcy code;
- Contractor commits any action of bankruptcy or insolvency, either voluntarily or involuntarily;
- Contractor fails to promptly pay any and all taxes or assessments imposed by and legally due the State or federal government;
- Contractor makes an assignment for the benefit of creditors without the approval of the Department;
- Contractor makes or has made a material misrepresentation or omission in any materials provided to the Department;
- Contractor commits any material breach of this Contract;
- Contractor fails to furnish and maintain the performance bond;
- Contractor fails to procure and maintain the required insurance policies and coverages required by this Contract;
- The Department determines that the surety issuing a bond securing Contractor's performance of its obligations hereunder becomes insolvent or unsatisfactory;
- Contractor utilizes a Subcontractor in the performance of the work required by this Contract, which has been placed on the State's Convicted Contractor List;
- Contractor is suspended or is removed as an authorized Contractor by any State or federal
  agency; or Contractor is convicted of a felony; or is placed on the State's Convicted Vendor
  List; or if Contractor's license is suspended or revoked.
- Contractor refuses to allow public access to all documents, papers, letters or other material subject to the provisions of Chapter 119, Florida Statutes, made or received by Contractor in conjunction with this Contract and not otherwise deemed confidential, proprietary or a trade secret;
- Contractor refuses to allow auditor access as required by the Contract;
- Contractor's license to provide Services in the State is suspended or revoked;
- Violation of subsection 4.2.4.5, or Contractor's permitting State of Florida Data to be transmitted, viewed, or accessed outside of the United States;
- Contractor's change of Subcontractors in violation of subsection 4.2.3, Subcontractors, of the Contract:
- Upon discovery, Contractor fails to Notify the Department within seven (7) Calendar Days of problems or issues impacting provision of Services;
- For any other cause whatsoever that Contractor fails to perform in an acceptable manner

- Failure to provide complete paid Claims data to the Department's Health Insurance Management Information System Vendor;
- Failure to timely report and pay the transaction fee contained in subsection 287.057(22)(c), Florida Statutes, as detailed in subsection 3.7, Payments; or
- Failure to meet the same monthly Performance Guarantee for at least three (3) months.

# 9.2 Department Remedies in the Event of Default

Upon the occurrence of an Event of Default on the part of Contractor, the Department is entitled at its sole discretion, to any one or all of the following remedies:

- Terminate this Contract;
- Institute legal proceedings against Contractor to collect payment of any damages or sums owed by Contractor hereunder, including liquidated damages and the costs of reprocurement, and such equitable relief as is appropriate; and
- In the event of the Contractor's default, all State agencies will be advised not to do business with Contractor without written approval from the Division of State Purchasing, until such time as Contractor reimburses the State for all re-procurement and transition costs.

# 9.3 Department Events of Default

Any one (1) or more of the following events shall, after the required Notice(s) and opportunity to cure, except as otherwise provided below, constitutes an Event of Default on the part of the Department:

The Department fails to timely pay all non-disputed amounts. The cure period for failure to pay shall be forty-five (45) Calendar Days from receipt of Notice of failure to pay, unless State law allows a longer period to pay; or

The Department breaches any other material obligations under this Contract. The cure period for a material breach by the Department shall be forty-five (45) Calendar Days from receipt of Notice of material breach.

### 9.4 Contractor Remedies in the Event of Default

Upon occurrence of an "Event of Default" on the part of the Department, Contractor is entitled to any one or all of the following remedies.

- a. Equitable Relief.
- b. Monetary Damages. Contractor is entitled to recover any compensation due under subsection 3.7, Payments, for Services provided in accordance with the Contract but not paid by the Department. Contractor is not entitled to, and will not seek, any other reimbursement or payment, or damages, including but not limited to lost profits, consequential or indirect costs or damages. Prior to the Department's payment to Contractor as the result of termination, Contractor will have satisfied all undisputed obligations to third parties relating to the Contract.

### 9.5 Rights Cumulative, No Waiver

The rights and remedies provided and available to the Department and Contractor in this Contract are distinct, separate, and cumulative remedies, and no one of them, whether or not exercised by

a Party, shall be deemed to be in exclusion of any other. The election of one (1) remedy shall not be construed as a waiver of any other remedy.

### **Section 10 TERMINATION FOR CAUSE**

### 10.1 Termination for Cause

The Department may terminate the Contract if Contractor commits an Event of Default under subsection 9.1 of this Contract. Contractor shall be liable for any re-procurement costs. Contractor shall continue work on any work not terminated. Except for Event of Default of Subcontractors, Contractor shall not be liable for any excess costs if the failure to perform the Contract arises from events completely beyond the control, and without the fault or negligence, of Contractor. If the failure to perform is caused by the Event of Default of a Subcontractor, and if the cause of the Event of Default is completely beyond the control of both Contractor and the Subcontractor, and without the fault or negligence of either, Contractor shall not be liable for any excess costs for failure to perform, unless the subcontracted Services were obtainable from other sources in sufficient time for Contractor to meet the required delivery schedule. If, after termination, it is determined that Contractor was not in default, or that the default was excusable, the rights and convenience of the Parties shall be the same as if the termination had been issued for the convenience of the Department. The rights and remedies of the Department in this clause are in addition to any other rights and remedies provided by law or under the Contract.

# 10.2 Exclusive Remedy

Contractor agrees that the provisions of Section 9 shall be its exclusive remedy for termination and that Contractor is not entitled to, and will not seek, any other reimbursement or payment, claims or damages, including but not limited to lost profits, consequential or indirect damages, home office overhead, or costs for accelerating performance.

# 10.3 State's Right to Cure Contractor's Default

If Contractor commits an "Event of Default" in the performance of any term, provision, covenant, or condition on its part to be performed hereunder, the Department may, upon Notice to Contractor after the expiration of any curative periods for which provision is made in this Contract, perform the same for the account and at the reasonable expense of Contractor. If, at any time and by reason of such default, the Department is compelled to pay, or elects to pay, any sum of money or do any act, which will require the payment of any sum of money, or is compelled to incur any expense in the enforcement of its rights hereunder or otherwise, such sum or sums, with a rate of interest if not established herein then as statutorily set by the State Comptroller (or successor), will be repaid to the Department by Contract or promptly when billed.

### Section 11 GENERAL PROVISIONS

# 11.1 Advertising

Contractor shall not publicly disseminate any information concerning the Contract without prior written approval from the Department, including, but not limited to, mentioning the Contract in a press release or other promotional material, identifying the Department or the State as a reference, or otherwise linking Contractor's name and either a description of the Contract or the name of the State or the Department in any material published, either in print or electronically, to anyone except Enrollees, network health care providers, or potential or actual Subcontractors. Within a reasonable time after the Effective Date, the Parties may issue a mutually agreeable joint press release regarding the Contract and the Services to be provided hereunder.

Contractor will not use the State seal, name or logo of the Department or State, or Contractor's relationship to the Plan, for any purpose without the prior written consent of the Department.

Contractor will not publish or release the results of its engagement without prior written approval from the Department. However, Contractor may refer to the Contract as an experience citation with other customers without prior approval.

# 11.2 Assignment, Acquisition by Third Party

The Contractor shall not sell, assign, or transfer any of its rights, duties, or obligations under the Contract. In the event of any proposed sale, transfer, or assignment, the Department may agree to enter into a novation of the Contract with the proposed purchaser, assignee, or transferee at the Department's sole discretion. No change in Contractor's organization, if any, will operate to release the Contractor from its liability for the prompt and effective performance of its obligations under this Contract.

# 11.3 Change of Statute or Regulation or Governmental Restrictions

In the event Contractor knows or should have known that any federal or state policies, operating procedures, laws, rules, or regulations have been or will be changed, created, or otherwise modified so as to materially change or impact, either directly or indirectly, the Services, the medical industry, the managed care industry, the pharmaceutical manufacturing industry, or the responsibilities of the Parties (herein referred to as "Changes"), Contractor will promptly notify the Department, indicating the specific law, rule, regulation, draft or pending legislation, and/or policies and procedures.

Contractor will implement all requirements arising from Changes and the Parties will modify this Contract to the extent reasonably necessary to ensure that the Services will be in full compliance with such Changes. Such compliance will not entitle Contractor to any extension of time, term, or increase in compensation, except for those Changes that materially cause an increase in the Services or the scope of work. The Department reserves the right and the complete discretion to accept any such alteration or to cancel the Contract at no further expense to the Contractor.

# 11.4 Compliance with Laws, Including HIPAA

<u>Generally</u>: Contractor shall comply with all laws, rules, codes, ordinances, and licensing requirements that are applicable to the conduct of its business, including those of federal, State, and local agencies having jurisdiction and authority. By way of non-exhaustive example, section 110.123 of the Florida Statutes and Chapter 60P of the Florida Administrative Code govern the Contract. By way of further non-exhaustive example, Contractor shall comply with the Immigration and Nationalization Act, the Americans with Disabilities Act and all prohibitions against discrimination on the basis of race, religion, sex, creed, national origin, handicap, marital status or veteran's status. Violation of such laws shall be grounds for Contract termination. The Contractor shall notify the Department immediately if the Contractor loses any licenses.

Anti-Kickback Statute: Each Party certifies that it will not violate the following laws with respect to the performance of its obligations under this Contract: the federal anti-kickback statute, set forth in 42 U.S.C. 1320a-7b(b); Florida's Anti-Kickback Law, set forth in section 409.920, Florida Statutes; the federal Stark law, set forth in 42 U.S.C. 1395nn; the Patient Self-Referral Act of 1992, set forth in section 456.053, Florida Statutes; the Patient Brokering Act, set forth in section 817.505, Florida Statutes; and the Florida False Claims Act, set forth in sections 68.081 – 68.092, Florida Statutes.

Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA): Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and its rules and regulations, including but not limited to the provisions governing the privacy and security of records as well as administrative simplification. Contractor shall commit to implementation and compliance by the statutory deadlines set forth in the statute

and associated regulations. Contractor shall assist the State in implementing its compliance with this legislation as it relates to Services including but not limited to properly executed Privacy, Security, and Confidentiality Business Associate Agreement.

Public Entity Crimes: A person or affiliate who is placed on the convicted Vendor list following a conviction for a public entity crime, as defined in subsection 287.133(1)(g), Florida Statutes, may not submit a bid or proposal on a contract to provide any goods or services to a public entity, may not submit a bid or proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids or proposals on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted Vendor list.

Internal Revenue Service Reporting: Contractor will make all necessary reports to the Internal

<u>Equal Employment Opportunity</u>: Contractor will not discriminate in its employment practices based on race, color, religion, age, sex, marital status, political affiliation, national origin or handicap, except as provided by law.

Notice to the Department of Changes: In the event Contractor becomes aware that any federal or state policies, operating procedures, laws, rules, or regulations applicable to this Contract have been or will be changed, created or otherwise modified so as to materially change or impact (either directly or indirectly) the Plan, this Contract, the health industry or the responsibilities of the Parties hereunder; Contractor will immediately notify the Department, indicating the specific law, rule, regulation, draft or pending legislation, and/or policies and procedures. The Parties may renegotiate the relevant portions of the Contract necessary to preserve compliance and the original intent of the Parties, to the extent permitted by law.

# 11.5 Contract Administrator

The Department will name a Contract Administrator during the term of this Contract whose responsibility will be to maintain this Contract. The Contract Administrator is:

Shannon Bagenholm Departmental Purchasing Department of Management Services 4050 Esplanade Way, Suite 335.2Z Tallahassee, FL 32399-0950 Telephone: 850-410-2404

Email: dms.purchasing@dms.myflorida.com

The Department will provide Notice to Contractor of any changes to the Contract Administrator; provided, such changes will not be deemed Contract amendments.

### 11.6 Contract Managers

Each Party will designate a Contract Manager during the term of this Contract who will oversee the Party's performance of its duties and obligations pursuant to the terms of this Contract. The Department's Contract Manager is:

Greg Mauldin State Group Insurance

Department of Management Services 4050 Esplanade Way, Suite 217.2Y Tallahassee, FL 32399-0950

Telephone: 850-921-4590

Email: Gregory.Mauldin@dms.myFlorida.com

Contractor's Account Manager is:

Colleen McGlamry Sr. Strategic Account Executive UnitedHealthcare P.O. BOX 9472 Minneapolis, MN 55440-9472 Telephone: 713-418-6426

Email: CMcGlamry@uhc.com

Each Party will provide prompt written Notice no later than five (5) Business Days to the other Party of any changes to the Party's Contract/Account Manager or his or her contact information. Such changes will not be deemed Contract amendments.

### 11.7 Dispute Resolution

The Parties acknowledge that efforts should always be made to avoid disputes through good communication and prompt requests for clarification and information. If a dispute arises under this Contract, the Parties agree that the following procedures shall be the sole and exclusive procedures for resolution.

<u>Negotiations</u>. The Parties will attempt in good faith to resolve any dispute. Managers of the Department and Contractor who have authority to settle the dispute and who are at a higher level of management than the persons with direct responsibility for administration of the Services at issue will promptly enter into negotiations to settle the dispute. To the extent permitted by law, all negotiations shall be treated as confidential settlement negotiations for purposes of discovery and admissibility in any later legal action.

<u>Legal Action</u>. The Parties will allow for at least thirty (30) Calendar Days of executive level negotiations, commencing on the date the aggrieved Party provides formal Notice of the dispute to the other Party. If a dispute is not resolved within this timeframe, either Party may bring an action in the state court in Leon County, Florida.

This subsection shall survive termination of this Contract.

# 11.8 Venue

The sole and exclusive venue of any legal action that arises out of or relates to the Contract shall be the state court in Leon County, Florida; in any such action, Florida law shall apply. This subsection shall survive termination of this Contract.

### 11.9 Entire Contract

This Contract constitutes the full and complete Contract of the Parties hereto and supersedes any prior contracts, arrangements and communications, whether oral or written, with respect to the subject matter hereof. Each Party acknowledges that it is entering into the Contract solely on the basis of the representations contained herein, and for its own purposes and not for the benefit of any third party.

# 11.10 Execution in Counterparts

The Contract may be executed in counterparts, each of which shall be an original and all of which shall constitute but one (1) and the same instrument.

# 11.11 Force Majeure, Notice of Delay and No Damages for Delay

Contractor shall not be responsible for delay resulting from its failure to perform if neither the fault nor the negligence of Contractor or its employees or agents contributed to the delay, and the delay is due directly to acts of God, wars, acts of public enemies, strikes, fires, floods or other similar cause wholly beyond Contractor's control, or for any of the foregoing that affect Subcontractors or suppliers if no alternate source of supply is available to Contractor. In case of any delay the Contractor believes is excusable, Contractor shall notify the Department in writing of the delay or potential delay and describe the cause of the delay either within ten (10) Calendar Days after the cause that creates or will create the delay, if the Contractor could reasonably foresee that a delay could occur as a result, or if delay is not reasonably foreseeable, within five (5) Calendar Days after the date the Contractor first had reason to believe that a delay could result. No claim for damages, other than for an extension of time, shall be asserted against the Department. Contractor shall not be entitled to payment of any kind from the Department for direct, indirect, consequential, impact or other costs, expenses or damages, including but not limited to costs of acceleration or inefficiency, arising because of delay, disruption, interference, or hindrance from any cause whatsoever. If performance is suspended or delayed, in whole or in part, due to any of the causes described in this paragraph, after the causes have ceased to exist Contractor shall perform at no increased cost, unless the Department determines, in its sole discretion, that the delay will significantly impair the value of the Contract to the State, in which case the Department may accept allocated Services from Contractor, provided that Contractor grants preferential treatment to the Department with respect to Services subjected to allocation, and/or purchase from other sources (without recourse to and by Contractor for the related costs and expenses) to replace all or part of the Services that are the subject of the delay, which purchases may be deducted from the Contract quantity, or terminate the Contract in whole or in part.

THE FOREGOING SHALL CONSTITUTE CONTRACTOR'S SOLE REMEDY OR EXCUSE WITH RESPECT TO DELAY. Providing Notice in strict accordance with this paragraph is a condition precedent to such remedy.

# 11.12 Changes

The Department may unilaterally require, by written order, changes altering, adding to, or deducting from the Contract specifications, provided that such changes are within the general scope of the Contract. The Department may make an equitable adjustment in the Contract price or delivery date if the change affects the cost or time of performance. Such equitable adjustments require the written consent of the Contractor, which shall not be unreasonably withheld.

### 11.13 Further Assurances

The Parties will, subsequent to the Implementation Date, and without any additional consideration, execute and deliver any further legal instruments and perform any acts that are or may become necessary to effectuate the purposes of this Contract.

### 11.14 Indemnification

Contractor shall be liable for the actions of its employees, partners, Subcontractors, and all other agents and shall indemnify, defend, and hold harmless the State, and its officers, agents, and employees, from suits, actions, damages and costs of every name and description, including attorneys' fees, arising from or relating to personal injury or wrongful death, damage to real or personal tangible property, or any other action alleged to be caused in whole or in part by

Contractor, its employees, partners, Subcontractors, and all other agents; provided, however, that Contractor shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the State.

Further, Contractor shall indemnify, defend, and hold harmless the State from any suits, actions, damages and costs of every name and description, including attorney's fees, arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right. If any Service is the subject of an infringement suit, or in Contractor's opinion is likely to become the subject of a suit, Contractor may at its sole expense procure for the State the right to continue using the Service or to modify it to become non-infringing. If Contractor is not reasonably able to modify or otherwise secure the State the right to continue using the Service, Contractor shall remove the Service and refund the State the amounts paid in excess of a reasonable rental for past use. The State shall not be liable for any royalties.

Contractor's obligations under the preceding two (2) paragraphs with respect to any legal actions are contingent upon the State giving Contractor written Notice of any action or threatened action, the opportunity to participate in the defense of and settle any such action at Contractor's sole expense, and assistance in defending the action at Contractor's sole expense. Contractor shall not be liable for any cost, expense, or compromise incurred or made by the State in any legal action without Contractor's prior written consent, which shall not be unreasonably withheld.

Contractor shall also indemnify, defend, and save harmless the Enrollees for any financial loss caused by the failure of Contractor, its officers, directors or agents to comply with the terms of this Contract.

This subsection shall survive termination of this Contract.

The Department and Contractor agree that: (i) health care providers are not the agents or employees of the Department or Contractor and neither party renders medical services or treatments to Members and (ii) health care providers are solely responsible for the health care they deliver to Members, and neither the Department nor Contractor is responsible for the health care that is delivered by health care providers.

### 11.15 Defense of Third-Party Claims

### 11.15.1 Notice of Claims

Contractor shall promptly, and in no event later than five (5) Business Days, notify the Department of any Plan-related legal actions or proceedings brought or initiated against Contractor, the Department or the Plan, of which Contractor becomes aware. The Department shall promptly notify Contractor of any Plan-related legal actions or proceedings, brought or initiated against Contractor, the Department or the Plan, of which the Department becomes aware.

### 11.15.2 Department as Real Party in Interest

If a Member files suit against Contractor regarding eligibility, enrollment or coverage that is the legal administrative responsibility of the Department without previously requesting an administrative hearing pursuant to Chapter 120, Florida Statutes, Contractor shall file a motion to dismiss or any other appropriate motions and shall notify the Department of its action. Contractor shall, when possible, notify the Department prior to the filing of such motion and shall notify the Department no later than seven (7) Business Days after the filing of any such motion. Prior to filing any such motions, Contractor shall, when possible, advise the party filing the suit, as appropriate, that issues regarding eligibility, enrollment, or coverage that is the legal administrative responsibility of the Department require the exhaustion of administrative remedies

and/or in such instances the real party in interest is the Department. In reference to legal proceedings regarding eligibility, enrollment, or coverage that is the legal administrative responsibility of the Department, the Department may support Contractor's motions, as specified in this subsection, to drop Contractor and/or to substitute the Department, if the Department is not already a party to the lawsuit, as the real party in interest when requested by Contractor. If the Department is a codefendant in any such lawsuit, the Department may support any appropriate motion(s) to drop Contractor from the lawsuit.

# 11.15.3 Contractor as Real Party in Interest

In the event a lawsuit is filed against Contractor, which raises a recognized cause of action or claim for relief based on Contractor's own policies or procedures to the administration of the Plan, Contractor shall, at its expense, defend such lawsuit. Contractor shall support the Department in any motion filed to drop the Department from any lawsuit where the damages sought by the filing litigant allegedly arise out of the policies and procedures of Contractor that do not concern eligibility, enrollment, or coverage that is the legal administrative responsibility of the Department.

# 11.15.4 Cooperation in the Defense of Administrative and/or Legal Actions

The Parties shall, upon request, cooperate fully with each other concerning any administrative or legal proceeding brought or initiated against them individually or jointly by Plan Enrollees or other persons relating to the administration of the Plan or Contract. In this regard, the Parties shall use their best efforts to keep each other apprised of any significant developments relating to such litigation or proceedings and the status of such legal matters as may be requested by their respective attorneys. In all administrative or legal proceedings, Contractor shall make available all files and documents requested by Department and Contractor attorneys, investigate the facts related to allegations raised in the proceedings, and make available, as required by the Department, and at no additional cost, witnesses for depositions, administrative hearings, and/or trial in any such proceedings.

### 11.15.5 Administrative Proceedings

The Department, as an agency of the State, shall be responsible, in accordance with State law, for handling and defending any administrative actions or proceedings brought by Members in accordance with sections 120.569, 120.57 or 120.574, Florida Statutes. Upon request, Contractor shall promptly provide the Department with all records, including but not limited to, materials, available data, schedules, guidelines, audit trail, protocols, or other materials that are necessary for the preparation of the defense in such proceedings.

# 11.15.6 Support and Communication with Contractor's Legal Affairs Department

Contractor shall, upon request of the Department, assist attorneys representing the Department by providing information and support in administrative and legal proceedings being contested by Members. Contractor shall advise the Department in writing within thirty (30) Calendar Days after the Effective Date of the Contract of the representative who will assist the Department's attorneys.

Subsection 11.15 shall survive termination of this Contract.

# 11.16 Independent Contractor Status

Contractor, together with its agents, Subcontractors, officers and employees, shall have and always retain under the Contract the legal status of an independent Contractor, and in no manner shall they be deemed employees of the State or deemed to be entitled to any benefits associated with such employment. Contractor remains responsible for all applicable federal, State, and local taxes and all FICA contributions.

# 11.17 Inspection at Contractor Site

The Department reserves the right to inspect, at any reasonable time with prior Notice, the equipment or other facilities of a Contractor or Subcontractor to assess conformity with Contract requirements and to determine whether they are adequate and suitable for proper and effective Contract performance.

# 11.18 Intellectual Property

Any ideas, concepts, know-how, data processing techniques, software, documentation, diagrams, schematics, or blueprints developed exclusively by Contractor's personnel in connection with this Contract will be the exclusive property of the Department as part of delivering the required Services. Any joint or future software development effort will be subject to a separate agreement signed by Department and Contractor, wherein all ownership and license rights to such developed product shall be specified in detail. In the absence of such agreement, each Party shall maintain sole ownership of its own protectable proprietary materials, which are developed or owned solely by Department or Contractor, respectively.

# 11.19 Lobbying and Integrity

Contractor shall not, in connection with this or any other agreement with the State, directly or indirectly offer, confer, or agree to confer any pecuniary benefit on anyone as consideration for any State officer or employee's decision, opinion, recommendation, vote, other exercise of discretion or violation of a known legal duty, or offer, give, or agree to give to anyone any Gratuity for the benefit of, or at the direction or request of, any State officer or employee. For purposes of this provision, "Gratuity" means any payment of more than nominal monetary value in the form of cash, travel, entertainment, gifts, meals, lodging, loans, subscriptions, advances, deposits of money, services, employment, or contracts of any kind. Upon request of the Department's inspector general, or other authorized State official, Contractor shall provide any type of information the inspector general deems relevant to Contractor's integrity or responsibility. Such information may include, but shall not be limited to, Contractor's business or financial records, documents or files of any type or form that refer to or relate to the Contract. Contractor shall retain such records for three (3) years after the expiration of the Contract or the period required by the general records schedules maintained by the Florida Department of State. Contractor agrees to reimburse the State for the reasonable costs of investigation incurred by the inspector general or other authorized State official for investigations of Contractor's compliance with the terms of this or any other agreement between Contractor and the State, which results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. Contractor shall not be responsible to the Department for any costs of investigations that do not result in Contractor's suspension or debarment.

### 11.20 Loss of Data

In the event of loss of any State of Florida Data or record where such loss is due to the negligence of Contractor or any of its Subcontractors or agents, Contractor shall be fully responsible for recreating such lost State of Florida Data in the manner and on the schedule set by the Department, in addition to any other damages the Department may be entitled to by law or this Contract. Contractor shall bear the full cost for recreating any lost State of Florida Data and will not be entitled to any compensation by the Department for those costs. This subsection shall survive termination of this Contract.

### 11.21 Modifications of Terms

The Contract contains all the terms and conditions agreed upon by the Parties, which shall govern all transactions under the Contract. The Contract may only be modified or amended upon mutual written agreement of the Department and Contractor. No oral agreements or representations shall

be valid or binding upon the Department or Contractor. Contractor may not unilaterally modify the terms of the Contract by incorporating terms onto Contractor's order or fiscal forms or other documents forwarded by Contractor for payment. The Department's acceptance of Service or processing of documentation on forms furnished by Contractor for approval or payment shall not constitute amendment to this Contract or waiver of a default.

### 11.22 Notices

All Notices required under the Contract must be delivered to the designated Contract Manager in a manner identified by the Department.

### 11.23 Public Records

Any and all records produced or used regarding this Contract are subject to Florida's public records law, as set forth in Chapter 119 of the Florida Statutes. Contractor must comply with all applicable provisions of Florida's public records law. Violation of this subsection shall constitute grounds for termination of the Contract.

The Department may unilaterally cancel this Contract for refusal by the Contractor to comply with this subsection by not allowing public access to all documents, papers, letters or other material made or received by the Contractor in conjunction with the Contract, unless the records are exempt from subsection 24(a) of Article I of the State Constitution and subsection 119.07(1), F.S., or applicable state or federal law.

Solely for the purposes of this subsection, the Contract Manager is the agency custodian of public records.

If, under a resulting contract, the Contractor is providing services and is acting on behalf of a public agency, as provided by section 119.0701, F.S. The Contractor shall:

- (a) Keep and maintain public records required by the public agency to perform the service;
- (b) Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within reasonable time and at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law;
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure are not disclosed except as authorized by law for the duration of the contract term and following the completion of the Contract if the Contractor does not transfer the records to the public agency;
- (d) Upon completion of the Contract, transfer, at no cost, to the public agency, all public records in possession of the Contractor, or keep and maintain public records required by the public agency to perform the service. If the Contractor transfers all public records to the public agency upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

(e) IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE TELEPHONE NUMBER, EMAIL ADDRESS PROVIDED FOR THE CONTRACT MANAGER.

# 11.24 Contractor as an Agent

In the event the Contractor receives a public records request directly, the Contractor shall notify the Department immediately in writing of such inquiry. Any response or material responding to such inquiry shall be coordinated in consultation with Department prior to dissemination by the Contractor. The Department may unilaterally terminate this Contract for refusal by the Contractor to comply with Chapter 119, Florida Statutes, or this subection by not allowing public access to all documents, papers, letters, or other material made or received by the Contractor in conjunction with the Contract, unless the records are exempt from subsection 24(a) of Article I of the State Constitution and Chapter 119, Florida Statutes.

### 11.25 Rights to Records

Contractor agrees that all documents and materials prepared by Contractor for purposes of this Contract shall be the sole property of the Department and shall be available to the Department at any time. The Department shall have the right to use the same without restriction and without payments to Contractor other than that specifically provided by this Contract.

### 11.26 Taxes

The State does not pay federal excise or sales taxes on direct purchases of tangible personal property. The State will not pay for any personal property taxes levied on the Contractor or for any taxes levied on employees' wages.

# 11.27 Waiver

The delay or failure by a Party to exercise or enforce any of its rights under this Contract shall not constitute or be deemed a waiver of the Party's right thereafter to enforce those rights, nor shall any single or partial exercise of any such right preclude any other or further exercise thereof or the exercise of any other right.

### 11.28 Warranty of Authority

Each person signing the Contract warrants that he or she is duly authorized to do so and to bind the respective Party to the Contract.

## 11.29 Warranty of Ability to Perform

Contractor shall provide the Department appropriate documentation demonstrating that the Contractor is in good standing and legally authorized to transact Services in Florida. Contractor warrants that, to the best of its knowledge, there is no pending or threatened action, proceeding investigation, or any other legal or financial condition, that would in any way prohibit, restrain or diminish Contractor's ability to satisfy Contract obligations. Contractor warrants that neither it nor any affiliate is currently on the Convicted Contractor List maintained pursuant to section 287.133, Florida Statutes, or on any similar list maintained by any other state or the federal government. Contractor shall immediately notify the Department in writing if its ability to perform is compromised in any manner during the term of the Contract.

# 11.30 Severability

If a court deems any provision of the Contract void or unenforceable, that provision shall be enforced only to the extent that it is not in violation of law or is not otherwise unenforceable and all other provisions shall remain in full force and effect.

# 11.31 Organizational Conflicts of Interest

By executing this Contract, Contractor represents that either it has disclosed all Organizational Conflicts of Interest to the Department in writing, or no Organizational Conflicts of Interest exist. The term "Organizational Conflicts of Interest" means the existence any past, present or currently planned interests of Contractor that either directly or indirectly (through a client, contractual, financial, organizational or other relationship) relates to the Services and which may diminish Contactor's capacity to give impartial, technically sound, objective assistance and advice, or may give Contractor unfair negotiating advantage with respect to the Department.

# 11.32 Best Pricing Clause

Contractor acknowledges and recognizes that the State wants to take advantage of any improvements in premium pricing over the course of the Contract period. To that end, the premium pricing indicated in this Contract is a maximum guarantee.

Contractor's fully-insured premiums under this Contract will not exceed Contractor's fully-insured premiums then in effect for substantially the same services to any organization with the same or fewer enrollees than the Contractor's subscriber count at the relevant time. During the term of the Contract, if Contractor implements or provides any other client, whether a public or private entity, with the same or fewer enrollees with premium pricing more favorable than the pricing in this Contract, then Contractor agrees to offer equivalent pricing terms to the Department and the Department and Contractor will execute an amendment of this Contract.

The Contractor agrees to annually submit to Department an affidavit from an authorized representative attesting that the Contractor is in compliance with Attachment 1: Affidavit of Best Pricing. The affidavit will be submitted to the Department by December 31<sup>st</sup> each year.

# 11.33 Cooperation with the Inspector General

Pursuant to section 20.055(5), Florida Statutes, the Contractor and any subcontractors understand and will comply with their duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing.

SIGNATURE PAGE IMMEDIATELY FOLLOWS

SO AGREED by the Parties' authorized representatives on the dates noted below:

# FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

A.	
David Clark, Chief of Staff=	Jonathan R. Satter
9/30/2019	Secretary
9/30/20/9 Date	

SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

150TR Ktamono

Date /

# **ATTACHMENT 1: AFFIDAVITS**

This attachment provides the templates for the affidavits required by the Contract. Templates may be updated by the Department, with notification to the Contractor. Such changes will not require a Contract amendment.

THIS SPACE INTENTIONALLY LEFT BLANK

Contract No.: DMS-18/19-054A

Attachment 1: Affidavits Page 35 of 55

# **AFFIDAVIT OF NO OFFSHORING**

Regarding the Contract between

Sierra Health and Life Insurance Company, Inc. (the "Contractor")

And

State of Florida, Department of Management Services

Contract No.: DMS-18/19-054A

Pursuant to subsection 4.2.5 of the Contract, the undersigned vendor hereby attests that the Contractor and covered entities do not utilize offshore Subcontractors in the performance of this Contract and is in compliance with the Subcontractor clause in the Contract.

Contractor Name: Sierra Health and Life Insurance Company, Inc.

Contractor's Federal Employer Identification Number (FEIN #):	94-0734860
Authorized Signature:	Jula Redmond
Print Name:	Greta Redmond, FSA MAAA.
Title:	VP
Date:	Systember 18,2019
Sworn to (or affirmed) and subscrib	ped before me on this day of [2019]
	by lucy 1 Stevelar
TRACY L STAR Notary Publ Minnesota My Commission Jan 31, 202	Expires (Signature of Notary)
Jan 31, 202	Check One:
	Personally Known
	☐ Produced the following ID

Contract No.: DMS-18/19-054A

Attachment 1: Affidavits

### AFFIDAVIT OF WARRANTY OF SECURITY

Regarding the Contract between

Sierra Health and Life Insurance Company, Inc. (the "Contractor")

And

State of Florida, Department of Management Services

Contract No.: DMS-18/19-054A

Effective January 1, 2020

Pursuant to subsection 4.2.4 of the Contract, the undersigned vendor hereby attests that the Contractor is in compliance with the Warranty of Security clause in the Contract.

Contractor Name: Sierra Health and Life Insurance Company, Inc.

Contractor's Federal Employer Identification Number (FEIN #):	94-0734860
Authorized Signature:	Gut Keelmond
Print Name:	Greta Redmond, FSA MAAA
Title:	VP
Date:	Systember 18,2019
Sworn to (or affirmed) and subscrib	ped before me on this day of [2019]
TRACY L STARLIN	by Lice Signature of Notary)
Notary Public Minnesota My Commission Exp Jan 31, 2022	
041101, 2022	Personally Known
	Produced the following ID

Contract No.: DMS-18/19-054A Attachment 1: Affidavits

### AFFIDAVIT OF BEST PRICING

Regarding the Contract between

Sierra Health and Life Insurance Company, Inc. (the "Contractor")

And

State of Florida, Department of Management Services

Contract No.: DMS-18/19-054A

Effective January 1, 2020

Pursuant to subsection 11.32 of the Contract, the undersigned Contractor hereby attests that the Contractor is in compliance with the Best-Pricing clause in the Contract.

Contractor Name: Sierra Health and Life Insurance Company, Inc.

Contractor Federal Employer	94-0734860
Identification Number (FEIN #):	
Authorized Signature:	Guta Redwond
Print Name:	Greta Redmond, FSA, MAAA
Title:	P
Date:	Septenber 18,2019.
Sworn to (or affirmed) and subscribed	d before me on this day of sep [2019]
TRACY L STARLING Notary Public Minnesota My Commission Expires	(Signature of Notary)
Jan 31, 2022	Check One:
	Personally Known
	☐ Produced the following ID

Contract No.: DMS-18/19-054A

Attachment 1: Affidavits

## **ATTACHMENT 2: PERFORMANCE GUARANTEES**

# 9d	St	Standard/Goal	Measurement Criteria	Measurement Frequency	Amount of Risk
PG-1	Final Implementatio n Plan	a.) Contractor shall provide the Final Implementation Plan, inclusive of all the details described in RFP No. DMS-18/19-054, subsection 6.2, to the Department no later than the date specified.	Delivery no later than ten (10) Business Days following Contract execution	One-time measurement	\$1,000 per day for each Calendar Day past the due date that the Final Implementation Plan, inclusive of all details, is not received by the Department
PG-2	Quarterly Meetings	The Account Management Team will attend and participate in all quarterly performance meetings via phone or in- person.	One-hundred percent (100%) attendance as required	Quarterly	\$2,000 per meeting at which each member of the Account Management Team is not in attendance unless pre-approved by the Department
PG-3	Open Enrollment Benefit Fairs	Contractor shall have qualified representatives at each annual open enrollment meeting and/or benefit fair sponsored by the Department or its designee in the counties in which Contractor provides services for Members.	One-hundred percent (100%) of benefit fairs will be staffed as required	Annually	<b>\$10,000</b> per benefit fair not staffed as required

<b>\$250</b> per Calendar Day late beyond the due date(s)	\$2,000 per percentage point less than one hundred percent (100%)
No specified frequency	Quarterly
Contractor shall submit, if applicable, an approvable CAP within ten (10) Calendar Days and implement as agreed to in the CAP. If the submitted CAP is not approved, Contractor shall revise the CAP, incorporating any feedback by the Department, and resubmit within five (5) Business Days.  Measurement methodology shall be measured from date of delivery of the plan performance review in Calendar Days	Calls shall be answered within an average of thirty (30) seconds or less
Within ten (10) Calendar Days following delivery of a performance review from the Department, Contractor shall develop and submit, if applicable, a corrective action plan (CAP) approved by the Department, and implement such plan within the time prescribed in the approved CAP.	Inbound customer calls received by the customer service unit shall be answered by a live agent within the specified target time threshold.  Target time threshold is measured from time the call is presented in the call queue for an agent and does not include any time used to navigate the automated system upon entering the call queue, if applicable.
Plan Performance Review	Service Level / Average Speed to Answer
PG 4	PG-5

\$50,000 when the overall satisfaction is less than ninety percent (90%)	\$50,000 when the overall satisfaction is between 90 and 91.9 percent. An additional \$5,000 per percentage point below ninety percent (90%).	\$2,000 for each full percentage point below ninety-five percent (95%) \$2,000 for each full percentage point below ninety percent (90%)	\$2,000 for each full percentage point below ninety-five percent (95%)	\$1,000 per day for each Business Day that any
One time measurement	Annually	Quarterly	Quarterly	Monthly
a.) Initial Contract year: The level of overall satisfaction will be greater than or equal to ninety percent (90%)	b.) Subsequent Contract years: The level of overall satisfaction will be greater than or equal to ninety-two percent (92%)	Ninety-five percent (95%) of callers receive accurate information.  Contractor must evaluate a statistically valid sample of inquiries with reports provided quarterly.  Ninety percent (90%) of all inquiries resolved during initial call.	statistically valid sample of inquiries. Reports to be provided quarterly.  Ninety-five percent (95%) within ten (10) Business  Days	One-hundred percent (100%) of medical paid
Measured as the percentage of Members conveying a satisfaction level in response to a Department approved	Niember Satisfaction Survey.	a.) Percent of callers who receive accurate information. Calls requiring additional research are excluded from the computation of this metric. b.) Percent of inquiries resolved during the initial call (excluding appeals, billing, errors and escalations).	c.) Percent of written inquiries responded to by a customer service representative.	a.) Contractor shall submit a complete file of
Member Satisfaction Survey		Accuracy and Timeliness/Fir st Call Resolution/ Written Inquiry Response Time		Plan Data
PG-6		PG-7		PG-8

	1	1
<b>\$250</b> per day for each Calendar Day past the due date that a report or Deliverable is not received	\$250 per day for each Calendar Day past the due date that a report or Deliverable is not received	\$250 per day for each Calendar Day past the due date that a report or Deliverable is not received
Monthly	Quarterly	Annually
b.) Due monthly: By the due date specified in the Minimum Service Requirements	c.) Due quarterly: Within forty-five (45) Calendar Days of end of the reporting quarter or otherwise specified in the Minimum Service Requirements	d.) Due annually: Within forty-five (45) Calendar Days of the end of the reporting year or as otherwise specified in the Minimum Service Requirements
specified in this PG, or by a later date, if requested by the Department.	Note: the amount at risk applies to each report outlined in RFP No. DMS-18/19-054, subsection 6.5.	

## THIS SPACE INTENTIONALLY LEFT BLANK

# **ATTACHMENT 3: ENROLLMENT FILE INTERFACE LAYOUT**

### **PPO Enrollment file**

### **Header Record**

Field Name	Field	Field	Decimal	Position	cimal Position Field Description	Valid Values
	Length	Type	Offset	(if fixed)		
Client Code	3	z		1-3	Client Specific Code	
Filler	~	×		4	Space Fill	
Record Count	6	Z		5-13	# of records on the file	
Filler	~	×		14	Space Fill	
Run Date	8	z		15-22	Date file was created	Formatted YYYYMMDD
Filler	1	×		23	Space Fill	
Coverage Period	9	Z		24-29	Coverage Period	Formatted YYYYMM
Dotail Docord						

Detail Record

PLAN TYPE	3	z	_	Plan type code of the	
				PPO that the	
				subscriber belongs to	
NSS	6	z	4	SSN of the subscriber	
NAME	28	×	13	Name of the subscriber	FORMAT: Last name[,]First
					name[space]Middle Initial
					If field value is more than 28 characters
					when concatenated, truncate field from right
					end
					Field will be all UPPER CASE.
DATE OF BIRTH	8	z	41	Birthday of the	Formatted YYYYMMDD
				subscriber	
SEX	7	×	49	Sex of the subscriber	M for male, F for female
MAILING ADDRESS	09	×	20	Mailing Address of the	Field should be forced to UPPER CASE
				subscriber	

MAILING CITY	30	×	110	Mailing City of the	Field should be forced to UPPER CASE
				subscriber	
MAILING STATE	2	×	140	Mailing State of the	Field should be forced to UPPER CASE
				subscriber	
MAILING ZIP	6	×	142	Mailing Zip code of the	
				subscriber	
HOME ADDRESS	09	×	151	Home Address of the	Field should be forced to UPPER CASE
				subscriber	
HOME CITY	30	×	211	Home City of the	Field should be forced to UPPER CASE
				subscriber	
HOME STATE	2	×	241	Home State of the	Field should be forced to UPPER CASE
				subscriber	
HOME ZIP	<b>o</b>	×	243	Home Zip code of the	
				subscriber	
HOME COUNTY	2	z	251	Home county of the	01 = ALACHUA
CODE				subscriber	02 = BAKER
					03 = BAY
					04 = BRADFORD
					05 = BREVARD
					06 = BROWARD
					07 = CALHOUN
					08 = CHARLOTTE
					09 = CITRUS
					10 = CLAY
					11 = COLLIER
					12 = COLUMBIA
					13 = DADE
					14 = DESOTO
					15 = DIXIE
					16 = DUVAL
					17 = ESCAMBIA

		18 = FLAGLER
		19 = FRANKLIN
		20 = GADSDEN
		21 = GILCHRIST
		22 = GLADES
		23 = GULF
		25 = HARDEE
		26 = HENDRY
		27 = HERNANDO
		28 = HIGHLANDS
		29 = HILLSBOROUGH
		30 = HOLMES
		31 = INDIAN RIVER
		32 = JACKSON
		33 = JEFFERSON
		34 = LAFAYETTE
		35 = LAKE
		36 = LEE
		37 = LEON
		38 = LEVY
		39 = LIBERTY
		40 = MADISON
		41 = MANATEE
		42 = MARION
		43 = MARTIN
		44 = MONROE
		45 = NASSAU
		46 = OKALOOSA
		47 = OKEECHOBEE
		48 = ORANGE
		49 = OSCEOLA

50 = PALM BEACH	51 = PASCO	52 = PINELLAS	53 = POLK	54 = PUTNAM	SHOL TS = 55	56 = ST LUCIE	57 = SANTA ROSA	58 = SARASOTA	59 = SEMINOLE	60 = SUMTER	61 = SUWANNEE	62 = TAYLOR	63 = UNION	64 = VOLUSIA	65 = WAKULLA	66 = WALTON	67 = WASHINGTON	99 = OUT OF STATE	blank = UNKNOWN	Work county of the 01 = ALACHUA	subscriber 02 = BAKER	03 = BAY	04 = BRADFORD	05 = BREVARD	06 = BROWARD	07 = CALHOUN	08 = CHARLOTTE	09 = CITRUS	10 = CLAY	11 = COLLIER	
																				253											
																				2											
																				WORK COUNTY	CODE										

13 = DADE	14 = DESOTO	15 = DIXIE	16 = DUVAL	17 = ESCAMBIA	18 = FLAGLER	19 = FRANKLIN	20 = GADSDEN	21 = GILCHRIST	22 = GLADES	23 = GULF	24 = HAMILTON	25 = HARDEE	26 = HENDRY	27 = HERNANDO	28 = HIGHLANDS	29 = HILLSBOROUGH	30 = HOLMES	31 = INDIAN RIVER	32 = JACKSON	33 = JEFFERSON	34 = LAFAYETTE	35 = LAKE	36 = LEE	37 = LEON	38 = LEVY	39 = LIBERTY	40 = MADISON	41 = MANATEE	42 = MARION	43 = MARTIN	44 = MONROE
<u> </u>																															

					45 = NASSAII
					46 = OKALOOSA
					47 = OKEECHOBEE
					48 = ORANGE
					49 = OSCEOLA
					50 = PALM BEACH
					51 = PASCO
					52 = PINELLAS
					53 = POLK
					54 = PUTNAM
					55 = ST JOHNS
					56 = ST LUCIE
					57 = SANTA ROSA
					58 = SARASOTA
					59 = SEMINOLE
					60 = SUMTER
					61 = SUWANNEE
					62 = TAYLOR
					63 = UNION
					64 = VOLUSIA
					65 = WAKULLA
					66 = WALTON
					67 = WASHINGTON
					99 = OUT OF STATE
					blank = UNKNOWN (or no work county
					since retirees would not have a work county)
COVERAGE CODE	2	z	255	Coverage code of the	01 = Active Employee Individual, 02 = Active
				subscriber	Employee Family, 22 = Spouse Program, 09
					= COBRA Individual, 10 = COBRA Family,
					11 = COBRA Extension Individual, 12
					COBRA Extension Family, 61 = Early
					Retiree Individual, 62 = Early Retiree Family,

					63 = Medicare I, 64 = Medicare II, 65 =
					Medicare III
COVERAGE DATE	8	z	257	Coverage effective date	Formatted YYYYMMDD
				of the subscriber	
IDENTIFIER	7	z	265	Enrollment category of	00 = not an OPS employee
				the subscriber	01 = OPS employee
SAMAS ORG CODE	11	z	267	Samas org of the	If employee status is "Retiree", field is
				subscriber	populated with "99999999". Else if
					employee status is "Retired Teacher", field is
					populated with "8888888". Else if employee
					status is "Vested Legislator", field is
					populated with "66666666". Else if
					employee status is COBRA, field is
					populated with "7777777". Else if
					employee status is "Laid Off", field is
					populated with "3333333" Else if employee
					is an "Active Employee" and is a University
					Or Benefits Only EE, then field is populated
					with data from ZBI_SAMAS_BEN_O
					table(see below), otherwise field is
					populated with information based on where
					they work at.
COVERAGE TERM DATE	8	z	278	Coverage Term Date	FORMAT MMDDYYYY
!					If a subscriber was dropped in a month prior
					to the current coverage month, the
					Coverage Term Date will be passed on the
					file only once. If the subscriber is termed in
					the current month or is in a status of non-
					payment, the subscriber will continue on the
					file with the Term Date populated.

FIRST NAME	40	×	286	Subscriber's First Name	Field will be all UPPER CASE.
MIDDLE INITIAL	<b>L</b>	×	326	Subscriber's Middle Initial	Field will be UPPER CASE.
LAST NAME	40	×	327	Subscriber's Last Name	Field will be all UPPER CASE.
SUB PREVIOUS SSN	တ	z	367	Previous SSN of subscriber if it had been corrected	If the subscriber has an SSN correction performed, populate in the former (incorrect SSN) in this field. Otherwise it is blank
PRIMARY PHONE NUMBER	10	z	376	Primary phone number for subscriber	Primary phone number for subscriber if known otherwise blank
ALTERNATE PHONE NUMBER	10	z	386	Alternate phone number for subscriber	Alternate phone number for subscriber if known otherwise blank
WORK PHONE NUMBER	10	z	396	Work phone number for subscriber	Work phone number for subscriber if known otherwise blank (or no work phone since retirees would not have a work phone)
DEPENDENT	7	z	406	Count of # dependents for the subscriber	
DEPENDENT DATA			408	This field occurs twenty (20) times with the information of the rest of the fields below	
CODE CODE	2	z		Relationship the dependent has to the subscriber	2 = Spouse 3 = Child 4 = Legal Guardianship 5 = Grandchild 6 = Child 7 = Foster Child 8 = Step Child 9 = Unborn Child

					90 = Over-age dependent Child
DEPENDENT SSN	<b>о</b>	z		SSN of the dependent	
DEPENDENT NAME	28	×		Name of the dependent	FORMAT: Last name[,]First name[space]Middle Initial If field value is more than 28 characters when concatenated, truncate field from right end Field will be all UPPER CASE.
DEPENDENT BIRTH DATE	8	z		Birthday of the dependent	Formatted YYYYMMDD
DEPENDENT ELIGIBLE DATE	8	Z		Date the dependent became eligible	Formatted YYYYMMDD If no value, zero fill
DEPENDENT INELIGIBLE DATE	8	z		Date the dependent became ineligible	Formatted YYYYMMDD. If no value (active records), zero fill
DEPENDENT SEX	_			Sex of the dependent	M for male, F for female, a space for unborn child.
DEPENDENT FIRST NAME	40	×		Dependent's First Name	Field will be all UPPER CASE.
DEPENDENT MIDDLE INITIAL	_	×		Dependent's Middle Initial	Field will be UPPER CASE.
DEPENDENT LAST NAME	40	×		Dependent's Last Name	Field will be all UPPER CASE.

The file format is fixed and contains multiple record types. The length is 3307.

For Field Type, N means Numeric and X means Alphanumeric.

# **ATTACHMENT 4: ENROLLMENT FILE TRANSFER SCHEDULE**

2019 Schedule, for illustrative purposes only.

			Weekly Vendor Files	ndor Files	
Month End	Monthly Carrier Files	File # 1	File # 2	File # 3	File # 4
Coverage	Date file sent to the	Date file sent to the	Date file sent to the	Date file sent to the	Date file sent to the
Month	vendors from PF	vendors from PF *	vendors from PF *	vendors from PF *	vendors from PF *
Jan-19	12/27/2018	1/5/2019	1/12/2019	1/19/2019	
Feb-19	1/29/2019	2/2/2019	2/9/2019	2/16/2019	
Mar-19	2/26/2019	3/2/2019	3/9/2019	3/16/2019	3/23/2019
Apr-19	3/27/2019	4/6/2019	4/13/2019	4/20/2019	
May-19	4/29/2019	5/4/2019	5/11/2019	5/18/2019	
Jun-19	5/29/2019	6/1/2019	6/8/2019	6/15/2019	6/22/2019
Jul-19	6/26/2019	7/6/2019	7/13/2019	7/20/2019	
Aug-19	7/29/2019	8/3/2019	8/10/2019	8/17/2019	8/24/2019
Sep-19	8/28/2019	9/7/2019	9/14/2019	9/21/2019	
Oct-19	9/27/2019	10/5/2019	10/12/2019	10/19/2019	
Nov-19	10/29/2019	11/2/2019	11/9/2019	11/16/2019	
Dec-18	11/25/2019	12/7/2019	12/14/2019	12/21/2019	
Jan-20	12/30/2019	1/4/2020	1/11/2020	1/18/2020	1/25/2020

		ATTACHMENT	TACHMENT 5: REPORTING AND DELIVERABLES	DELIVERABLES
FREQUENCY	REPORT	REPORT NAME	DUE DATE	FILE LAYOUT
Weekly				
	_	Reject Records Report	w/in two (2) business days starting w/ 1st full	Department-prescribed format.
	2	Duplicate Records Report	w/in two (2)  business days  starting w/ 1st full	Department-prescribed format.
	က	Address Errors Report	w/in two (2) business days starting w/ 1st full day file is available	Department-prescribed format.
	4	System Generated Subscriber Drop Report	w/in two (2) business days starting w/ 1st full day file is available	Department-prescribed format.
Monthly				
	5	Background Checks/Persons with Disqualifying Offenses	15 <sup>th</sup> of following month	
	9	Paid Claims File - to Dept/HIMIS	25 <sup>th</sup> of following month	
	7	Paid Claims Summary Report	25 <sup>th</sup> of following month	
	ω	Part C and Part D Medicare Membership report (MMR)	w/in fifteen (15) days of receipt from CMS	As received from CMS – provide data key as needed
	6	Enrollee Invoice	10 <sup>th</sup> of following month	Excel format, tab 1. Must include enrollment file Member detail matching invoiced amount on subsequent tab(s)

Quarterly				
	10	Executive Summary	w/in forty-five (45) days of quarter end	Department-prescribed format.
	11	Performance Guarantee Report	w/in forty-five (45) days of quarter end	Department-prescribed format.
	12	Key Metric Cost and Utilization Report	w/in forty-five (45) days of quarter end	Department-prescribed format.
	13	Trend Analysis Report	w/in forty-five (45) days of quarter end	Department-prescribed format.
	41	Network Provider Add / Delete Report	w/in forty-five (45) days of quarter end	
	15	Trend Analysis Report	w/in forty-five (45) days of quarter end	
	16	Clinical Program Report	w/in forty-five (45) days of quarter end	Department-prescribed format.
Annually				
	17	Renewal Report	TBD	Department-prescribed format.
	18	Subscriber Satisfaction Survey	w/in forty-five (45) days of year end	Department-prescribed format.
	19	Performance Bond and Insurance	w/in forty-five (45) days of year end or forty-five (45) days of policy renewal.	Department-prescribed format.
	20	Part C and Part D Model Output Report (MOR)	w/in forty-five (45) days of receipt from CMS	As received from CMS – provide data key as needed

### **UnitedHealthcare Group Medicare Advantage Nationwide Coverage**

Plan Design A

	In Maturals	Out of Naturals
Description	In-Network Services	Out-of-Network Services
Annual Medical Deductible		one Services
Is Annual Medical Deductible combined for IN and OUT of network?		lo
Annual Medical Out-of-Pocket Maximum	-	500
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of		
network?	Ņ	lo
PHYSICIAN SERVICES		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$5	\$5
Specialist Office Visit	\$10	\$10
Virtual Office Visit	\$5	\$5
Virtual Office Visit with Preferred Providers <b>Doctor on Demand</b> or <b>AmWell</b>	\$0	N/A
Telemedicine	\$5	\$5
INPATIENT SERVICES		4122 - 11
Inpatient Hospital Stay	\$100 Per Admit	\$100 Per Admit
Skilled Nursing Facility Care - prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period (In days)		Days
	\$0 Per Day, Days 1-20	\$0 Per Day, Days 1-20
Skilled Nursing Facility Care	\$25 Per Day, Days 21-40	\$25 Per Day, Days 21-40
	\$0 Per Day, Days 41-100	\$0 Per Day, Days 41-100
Inpatient Mental Health Lifetime Maximum number of days		Days
Inpatient Mental Health in a Psychiatric Hospital	\$100 Per Admit	\$100 Per Admit
OUTPATIENT SERVICES		**
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse (Individual Visit)	\$10	\$10
Outpatient Mental Health/Substance Abuse (Group Visit)	\$5	\$5
Partial Hospitalization (Mental Health Day Treatment) per day	\$25	\$25
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$5	\$5
Occupational Therapy	\$5	\$5
Physical Therapy and Speech/Language Therapy	\$5	\$5
Cardiac/Pulmonary Rehabilitation	\$5	\$5
Kidney Dialysis	\$0	\$0
MEDICARE-COVERED SPECIALIST VISITS	<b>#40</b>	¢10
Chiropractic Visit (Medicare-covered)	\$10	\$10
Podiatry Visit (Medicare-covered)	\$10	\$10
Eye Exam (Medicare-covered)	\$10	\$10
Eyewear (Medicare-covered Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$10 \$10	\$10 \$10
Dental Services (Medicare-covered)  AMBULANCE/EMERGENCY ROOM/URGENT CARE	\$10	\$10
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No No	No
Emergency Room (Includes Worldwide Coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgently Needed Care (Includes Worldwide Coverage)	\$10	\$10
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
PART B DRUGS AND BLOOD	Tes	163
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation Solutions,		
Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications	\$0	\$0
Administered in a Physician's Office		
Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	\$10	\$10
Prosthetics	\$10	\$10
Orthotics	\$10	\$10
Diabetic Shoes and Inserts	\$10	\$10

Contract No.: DMS-18/19-054A

Attachment 6: PPO Plan Design and Financial Proposal

### **UnitedHealthcare Group Medicare Advantage Nationwide Coverage**

Plan Design A Actuarial Value: .95

	In-Network	Out-of-Network
Description	Services	Services
Medical Supplies	\$10	\$10
Diabetes Monitoring Supplies	\$0	\$0
Insulin Pumps & Supplies	\$10	\$10
HOME HEALTHCARE AGENCY & HOSPICE		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES		
Clinical Laboratory Services	\$5	\$5
Outpatient X-ray Services	\$5	\$5
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$5	\$5
Diagnostic Radiology Service	\$10	\$10
Therapeutic Radiology Service	\$10	\$10
PREVENTIVE SERVICES (MEDICARE-COVERED)	•	-
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity	<b>#</b> 0	<b>#</b> 0
Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0
ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)		
Routine Podiatry	\$10	\$10
Routine Podiatry - Number of visits per year	6 \	/isits
Routine Eye Exam Refraction - every 12 months	\$10	\$10
Allowance for Non-Medicare Covered Eyeglasses and Contact Lenses	Not I	rcluded
Routine Hearing Exam for Hearing Aids - every 12 months	\$0	\$0
Hearing Aid Allowance - includes Digital Hearing Aids	\$	500
Benefit per ear or combined	Con	nbined
Number of Hearing Aids		imited
Hearing Aid period in months		Months
Annual Routine Physical Exam	\$0	\$0
WELLNESS/CLINICAL PROG	GRAMS	
Fitness Program	Inc	luded
Caregiver	Inc	luded
NurseLine	Inc	luded
Access Support	Inc	luded
Condition Management - Chronic Heart Failure (CHF)	Inc	luded
	Inc	luded
Condition Management - Coronary Artery Disease (CAD) / Diabetes	Inc	luucu

Contract No.: DMS-18/19-054A

Attachment 6: PPO Plan Design and Financial Proposal

### UnitedHealthcare Group Medicare Advantage Nationwide Coverage

Plan Design A Actuarial Value: .95

Group Retiree Case Management Advanced Illness Care Management Preferred Diabetic Supply Program Included Hi Health Hearing Aid Discount Program. Please note: Not available in American Samoa, Guam, Northern Mariana Islands and Puerto Rico HouseCalls Program Included  Outpatient Prescription Drug Coverage Prescription Drug Plan Part D Gap Coverage Pharmacy Network Formulary (Group Choice / Formulary G) Bonus Drug List Formulary Edits (step therapy, quantity limits, prior authorization)  Rx Deductible  Included  Custom Plan Custom Plan Full Gap Coverage Full Gap Coverage Standard Network Standard Formulary G Standard List U Standard: Edits On None	Description	In-Network Services	Out-of-Network Services
Advanced liness Care Management Preferred Diabetic Supply Program Included Hi Health Hearing Aid Discount Program. Please note: Not available in American Samos. Guam. Nothern Mariana Islands and Puerto Rico Included  Outpatient Prescription Drug Coverage Prescription Drug Plan Part D Gap Coverage Prescription Drug Plan Part D Gap Coverage Plarmacy Network Formulary (Group Choice / Formulary G) Standard Network Standard Islat U Formulary Edits (step therapy, quantity limits, prior authorization) Standard: Edits on RX Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Mail Order Copay (up to a 90 day supply) Tier 2: Preferred Mail Order Copay (up to a 90 day supply) Tier 2: Preferred Mail Order Copay (up to a 90 day supply) Tier 2: Preferred Mail Order Copay (up to a 90 day supply) Tier 2: Preferred Mail Order Copay (up to a 90 day supply) Tier 3: Preferred Mail Order Copay (up to a 90 day supply) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Specialty Tier Copay for generics  Copay for generics  Copay for generics  Sa. 36.0  Copay for generics  Sa. 36.0  Copay for generics  Sa. 36.0	Group Retiree Case Management		
Hi Health Hearing Aid Discount Program. Please note: Not available in American Samoa. Guam. Norther Mariana Islands and Puerto Rico  Notipatient Prescription Drug Coverage  Prescription Prug Plan Part D Gap Coverage Pharmacy, Network Standard Network Standard Islands and Fuerto Rico  Standard Islands on None Part D Gap Coverage Pharmacy, Network Standard Formulary G Bonus Drug List Somulary (Group Choice / Formulary G) Sonus Drug List Standard List U Standard List U Standard List U Standard List Stop None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Mony preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 1: Preferred Brand (Most generic drugs) Tier 2: Preferred Brand (Most generic drugs) Tier 2: Preferred Brand (Most generic drugs) Tier 3: Non-Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Brand (Most generic drugs) Tier 2: Preferred Brand (Most generic drugs) Tier 3: Non-Preferred Brand (Mony common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Mony common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Mony common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Standard List U  Standard Textury G  Standard Standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above) Copay for generics  Copay for generics Sa.60  Sa.95		Inclu	ded
Samoa, Guam, Northern Mariana Islands and Puerto Rico  Outpatient Prescription Drug Plan Perscription Drug Plan Part D Gap Coverage Pharmacy Network Standard Formulary G Standard Edits U Formulary Edits (step therapy, quantity limits, prior authorization) RX Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Generic (Most generic drugs) Tier 7: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 2: Non-Preferred Brand (Non-preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  100 Tier 4: Specialty Tier  100 Tier 4: Specialty Tier  100 Tier 5: Specialty Tier  100 Tier 6:		Inclu	ded
Samoa, Guam, Northern Mariana Islands and Puerto Rico  Outpatient Prescription Drug Plan Perscription Drug Plan Part D Gap Coverage Pharmacy Network Standard Formulary G Standard Edits U Formulary Edits (step therapy, quantity limits, prior authorization) RX Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Generic (Most generic drugs) Tier 7: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 2: Non-Preferred Brand (Non-preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  100 Tier 4: Specialty Tier  100 Tier 4: Specialty Tier  100 Tier 5: Specialty Tier  100 Tier 6:	Hi Health Hearing Aid Discount Program. Please note: Not available in American	Inclu	dod
Prescription Drug Plan Prescription Drug Plan Prescription Drug Plan Part D Gap Coverage Pharmacy Network Standard Network Standard Formulary G Bonus Drug List Standard Edits On RX Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Mon-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Mon-preferred generic and non-preferred brand name drugs) Tier 3: Non-Preferred Brand (Mon-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and some higher- cost generic drugs) Tier 3: Non-Pr		Inclu	ded
Prescription Drug Plan Part D Gap Coverage Full Gap Coverage Standard Network Standard Network Standard Formulary G Bonus Drug List Standard Formulary G Bonus Drug List Standard Formulary G	HouseCalls Program	Inclu	ded
Part D Gap Coverage Pharmacy Network Standard Network Formulary (Group Choice / Formulary G) Bonus Drug List Standard List U Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 3: Non-Preferred Brand (Non-preferred Generic (Most quench and mand drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 2: Preferred Brand (Monty common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 1: Preferred Brand (Non-preferred Generic (Most generic drugs) Tier 3: Non-Preferred Brand (Monty common brand name drugs, called preferred brands and some higher-cost drugs) Tier 2: Preferred Brand (Monty generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Monty perferred generic and non-preferred brand name drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Standard List (ICL) copays (shown below) and Initial Coverage Limit (ICL) copays (shown above) Copay for generics Standard List United Standard Catastrophic copays (shown above)	Outpatient Prescription Drug Coverage		
Pharmacy Network Formulary (Group Choice / Formulary G) Bonus Drug List Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible None Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 7: Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 1: Preferred Brand (Mon-preferred generic and non-preferred brand name drugs) Tier 1: Preferred Mil Order Copay (up to a 90 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Mon-preferred Generic (Most generic drugs) Tier 3: Non-Preferred Brand (Mon-preferred Generic (Most generic drugs) Tier 3: Non-Preferred Brand (Mon-preferred Generic drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Mon-preferred generic and non-preferred brand name drugs) Tier 3: Non-Preferred Brand (Mon-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tirer 4: Specialty Tier (Unique and/or very high-cost drugs) Tirer 4: Specialty Tier (Unique and/or very high-cost drugs) Tirer 4: Specialty Tier (Unique and/or very high-cost drugs) Tirer 5: Specialty Tier (Unique and/or very high-cost drugs) Tirer 5: Specialty Tier (Unique and/or very high-cost drugs) Tirer 6: Specialty Tier (Unique and/or very high-cost drugs) Tirer 6: Specialty Tier (Unique and/or very high-cost drugs) Tirer 6: Specialty Tier (Unique and/or very high-cost drugs) Tirer 6: Specialty Tier (Unique and/or very high-cost drugs) Tirer 6: Specialty Tier Specialty Tie	Prescription Drug Plan	Custom Plan	
Formulary (Group Choice / Formulary G) Bonus Drug List Formulary Edits (step therapy, quantity limits, prior authorization) Rx Deductible Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Firer 3: Non-Preferred Mail Order Copay (up to a 90 day supply)  Part D Preferred Generic (Most generic drugs) Tier 2: Preferred Generic (Most generic drugs) Firer 3: Non-Preferred Brand (Non-preferred Brand (Non-preferred Brand (Non-preferred Brand (Non-preferred Brand (Non-preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Fier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Fier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Fier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Fier 4: Specialty Tier (Unique and/or very high-cost drugs) Initial Coverage Limit TroOP Threshold  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for generics  Copay for generics	Part D Gap Coverage	Full Gap Coverage	
Bonus Drug List Formulary Edits (step therapy, quantity limits, prior authorization) Standard: Edits On RX Deductible Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Non-preferred Brand (Non-preferred Specialty Tier (Unique and/or very high-cost drugs) Fier 3: Non-Preferred Brand (Non-preferred Generic drugs) Tier 4: Specialty Tier (Unon-preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 5: Specialty Tier (Unique and/or very high-cost drugs) Tier 6: Specialty Tier (Unique and/or very high-cost drugs) Tier 6: Specialty Tier (Unique and/or very high-cost drugs) Tier 6: Specialty Tier Tier 6: Specialty Tier Tier 7: Specialty Tier Tier 7: Specialty Tier Tie	Pharmacy Network	Standard Network	
Formulary Edits (step therapy, quantity limits, prior authorization)  Rx Deductible  Part D Retail Copay (up to a 30 day supply)  Note: 90 day retail supply is available for 3X copay amount  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Tier 1: Preferred Generic (Most generic drugs)  Tier 1: Preferred Generic (Most generic drugs)  Tier 1: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 2: Preferred Brand (Mony common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  \$4,020  TrOOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for generics  \$8.95	Formulary (Group Choice / Formulary G)	Standard Formulary G	
Rx Deductible Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Part D Preferred Generic (Most generic drugs) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Initial Coverage Limit \$4,020 TrOOP Threshold Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for generics \$3.60  Copay for generics	Bonus Drug List	Standard List U	
Part D Retail Copay (up to a 30 day supply) Note: 90 day retail supply is available for 3X copay amount  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred Brand (Non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Generic (Most generic drugs)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Generic (Most generic drugs)  Tier 3: Non-Preferred Brand (Nany common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Stoo  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  \$4,020  TrOOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for generics  \$8.95	Formulary Edits (step therapy, quantity limits, prior authorization)	Standard: Edits On	
Note: 90 day retail supply is available for 3X copay amount  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Generic (Most generic drugs)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Generic (Most generic drugs)  Tier 3: Non-Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  \$4,020  TrOOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Sa.60  Copay for generics  \$8.95	Rx Deductible	None	
Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply) Tier 1: Preferred Generic (Most generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs) Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Initial Coverage Limit Tier 4: Specialty Tier (Unique and/or very high-cost drugs) Initial Coverage Limit Coverage Limit S4,020 TrOOP Threshold Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60 Copay for generics \$8.95	Part D Retail Copay (up to a 30 day supply)  Note: 90 day retail supply is available for 3X copay amount		
(Mony common brand name drugs, called preferred brands and some higher- cost generic drugs) Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Mail Order Copay (up to a 90 day supply)  Tier 2: Preferred Brand (Monst generic drugs)  Tier 2: Preferred Brand (Mony common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit Coverage Limit Coverage Limit (ICL) copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs		¢7	
(Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TroOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs  **Specialty Tier standard drugs standard company (shown above)  **Specialty Tier standard Catastrophic copays (shown above)  **Copay for all other drugs  **Specialty Tier standard company (shown above)  **Copay for all other drugs  **Specialty Tier standard standa	(Most generic drugs)	\$1	
Tier 3: Non-Preferred Brand (Non-preferred brand non-preferred brand name drugs)  Fier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit \$4,020  TrOOP Threshold \$6,350  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95	Tier 2: Preferred Brand		
Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Ititial Coverage Limit  TirOOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs	(Many common brand name drugs, called preferred brands and some higher-	\$30	
(Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TricoP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs			
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)   State of the state	l -	\$50	
(Unique and/or very high-cost drugs)  Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some highercost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred Brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit \$4,020  TrOOP Threshold \$6,350  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95		\$50	
Part D Preferred Mail Order Copay (up to a 90 day supply)  Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit TroOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs	Tier 4: Specialty Tier	\$50	
Tier 1: Preferred Generic (Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some highercost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TroOP Threshold  Catastrophic Coverage over TrOOP  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  \$3.60  Copay for all other drugs	(Unique and/or very high-cost drugs)	\$30	
(Most generic drugs)  Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TroOP Threshold  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs			
Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TroOP Threshold  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs  \$60  \$100		\$14	
(Many common brand name drugs, called preferred brands and some higher- cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  Troop Threshold  Catastrophic Coverage over Troop  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs  \$60  \$10			
cost generic drugs)  Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  TroOP Threshold  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs  \$100  \$100  \$4,020  Custom  Custom  Custom  \$3,300  \$3,60  \$3,60		\$60	
(Non-preferred generic and non-preferred brand name drugs)  Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  Troop Threshold  Catastrophic Coverage over Troop  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs  \$100  \$100  Custom  Custom  \$3.60  \$3.60	1,	Ψου	
Tier 4: Specialty Tier (Unique and/or very high-cost drugs)  Initial Coverage Limit  Troop Threshold  Catastrophic Coverage over Troop  Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics  Copay for all other drugs  \$100  \$10		\$100	
(Unique and/or very high-cost drugs)  Initial Coverage Limit \$4,020  TrOOP Threshold \$6,350  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95		<b>4.00</b>	
Initial Coverage Limit \$4,020  TrOOP Threshold \$6,350  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95		\$100	
TrOOP Threshold \$6,350  Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95		\$4,020	
Catastrophic Coverage over TrOOP Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60 Copay for all other drugs \$8.95		· ·	
Custom: Lesser of CMS standard Catastrophic copays (shown below) and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95	Catastrophic Coverage over TrOOP		
and Initial Coverage Limit (ICL) copays (shown above)  Copay for generics \$3.60  Copay for all other drugs \$8.95		Custom	
Copay for generics \$3.60 Copay for all other drugs \$8.95	· · · · · · · · · · · · · · · · · · ·	Guotom	
		\$3.60	
OR Coinsurance 5%	Copay for all other drugs	\$8.95	
	OR Coinsurance	5%	

UnitedHealthcare Group Medicare Advantage ® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

Contract No.: DMS-18/19-054A

Attachment 6: PPO Plan Design and Financial Proposal

### ATTACHMENT 7

### PRIVACY, SECURITY, AND CONFIDENTIALITY

### **BUSINESS ASSOCIATE AGREEMENT**

This Privacy, Security, and Confidentiality Business Associate Agreement ("Agreement") is between the State of Florida Department of Management Services ("Agency"), and Sierra Health and Life Insurance Company, Inc. ("Business Associate"), (each individually, a "Party," and collectively, the "Parties"), with an effective date of January 1, 2020.

WHEREAS, Business Associate has agreed to perform services for or on behalf of Covered Entity;

WHEREAS, such services may involve the use or disclosure of Protected Health Information that are protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. §§ 160 and 164, the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), and the regulations promulgated thereunder; and section 110.123(9), Florida Statutes; and

WHEREAS, this Agreement is intended to satisfy the requirements for Business Associate contracts under 45 C.F.R. § 164, subparts C and E, and the HITECH Act, and to address the confidentiality requirements of section 110.123(9), Florida Statutes.

NOW THEREFORE, in consideration of the mutual covenants provided herein and other good and valuable consideration, Covered Entity hereby agrees to provide certain information to Business Associate, and Business Associate hereby agrees to comply with this Agreement; the applicable provisions of 45 C.F.R. §§ 160 and 164; the HITECH Act; and sections 110.123(9) and 501.171, Florida Statutes; and to assist Covered Entity with its compliance therewith, as follows:

### 1. Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning as defined in 45 C.F.R. §§ 160 and 164 and/or the HITECH Act.

- (a) "Agency" means the Florida Department of Management Services ("DMS"), an executive agency of the State of Florida, and the Division of State Group Insurance ("DSGI") with its principle place of business at 4050 Esplanade Way, Suite 215, Tallahassee, FL 32399-0950.
- (b) "Agreement" means this Privacy, Security, and Confidentiality Business Associate Agreement.
- (c) "Breach" when referring to a breach of Protected Health Information or PHI means the acquisition, access, use, or disclosure of PHI that is not permitted by 45 C.F.R. § 164, subpart E, which compromises the security or privacy of PHI. See definition of "Protected Health Information" or "PHI," herein.
- (d) "Business Associate" refers to Sierra Health and Life Insurance Company, Inc., who hereby agrees to provide services to the Division of State Group Insurance as a business associate, as that term is defined in 45 CFR §160.103.
- (e) "Covered Entity" means the State of Florida's Division of State Group Insurance ("DSGI").

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- (f) "Contract" means the contract awarded to the Business Associate pursuant to DMS-18/19-054A.
- (g) "Individual" has the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- (h) "Parties" mean collectively the Agency and Business Associate. A "Party" means either the Agency or Business Associate.
- (i) "Protected Health Information" or "PHI" means individually identifiable health information as defined in 45 C.F.R. § 160.103, whether secured or unsecured, and in any type of format.
- (j) "Plans" means the insurance coverages offered through Covered Entity, as authorized in section 110.123, Florida Statutes.
- (k) "Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information set forth in 45 C.F.R. § 160 and 45 C.F.R. § 164, subparts A and E, as amended.
- (I) "Secretary" means the Secretary of the U.S. Department of Health and Human Services or designee.
- (m) "Security Rule" means the security provisions set forth in 45 C.F.R. § 160 and § 164, subparts A and C, as amended.

### 2. Obligations and activities of Business Associate

### **Business Associate Agrees to:**

- (a) Comply with all applicable provisions of 45 C.F.R. §§ 160 and 164, subparts A, C, and E; the HITECH Act; sections 110.123(9) and section 501.171, Florida Statutes; and the terms of this Agreement.
- (b) Not use or further disclose PHI other than as permitted or required by Sections 3 and 7 of this Agreement or as required under federal or Florida law.
- (c) Ensure the confidentiality, integrity, and availability of all Electronic PHI Business Associate creates, receives, maintains, or transmits.
- (d) Ensure that every agent and subcontractor that creates, receives, maintains, or transmits PHI complies with the restrictions and conditions contained in this Agreement, HIPAA, and the HITECH Act.
- (e) Make any amendment(s) to PHI in a designated record set that Covered Entity or an Individual directs or agrees to pursuant to 45 C.F.R. § 164.526, in a prompt and reasonable manner or take other measures as necessary to satisfy Covered Entity obligation(s) under 45 C.F.R. § 164.526.
- (f) Create and retain all records necessary to determine compliance with HIPAA, the Privacy Rule, Security Rule, and HITECH Act.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- (g) Make its internal practices, books, and records available to the Secretary in a time and manner designated by Covered Entity or the Secretary, for purposes of determining compliance with HIPAA, the Privacy Rule, Security Rule, and HITECH Act.
- (h) Cooperate with any investigations by the Secretary to determine compliance with HIPAA, the Privacy Rule, Security Rule, and HITECH Act.
- (i) Document disclosures of PHI and provide to an Individual, at the request of Covered Entity or an Individual, an accounting of such disclosures in accordance with 45 C.F.R. § 164.528. Business Associate shall assist Covered Entity in complying with HIPAA regulations relating to the required Disclosure, Amendment, or Accounting.
- (j) Certify that it is in compliance with all applicable provisions of HIPAA standards for electronic transactions and code sets, also known as the Electronic Data Interchange ("EDI") Standards, in accordance with 45 C.F.R. § 162; and the Annual Guidance as issued by the Secretary pursuant to the HITECH Act, section 13401. Business Associate further agrees to ensure that every agent and subcontractor that conducts standard transactions on its behalf, agrees to comply with the EDI Standards and the Annual Guidance.
- (k) Use the Minimum Necessary type and amount of PHI required to perform services in accordance with 45 C.F.R. § 164, subpart E.
- (I) Comply with all requirements of 45 C.F.R. § 164, subpart E, that apply to Covered Entity to the extent Business Associate carries out any obligations(s) of the Covered Entity under subpart E.

### 3. Permitted and required uses and disclosures of PHI by Business Associate

- (a) Except as expressly permitted in this Agreement or in writing by Covered Entity, Business Associate shall not divulge, disclose, or communicate PHI to any third party in violation of this Agreement without prior written approval from Covered Entity.
- (b) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- (c) Business Associate must comply with 45 C.F.R. § 164, subpart E, and may not use or disclose PHI in violation of 45 C.F.R. § 164, subpart E.
- (d) Business Associate may use and disclose PHI to report violations of law to appropriate federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1).
- (e) Business Associate may use and/or disclose PHI for Business Associate's proper management and administration, provided that: (1) Business Associate obtains reasonable assurances from the person to whom PHI is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (2) the person notifies Business Associate of any instances of the Breach of PHI for which it is aware. Business

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- Associate also may make disclosures that are required by law. Business Associate's use of PHI as described in this paragraph is subject to and limited as described in 45 C.F.R. § 164.504(e)(2) and (4).
- (f) Business Associate may create a Limited Data Set only as necessary and required for the purpose of performing its obligations and services for Covered Entity, provided that Business Associate complies with the provisions of this Agreement.
- (g) Business Associate shall disclose PHI when required by the Secretary to investigate or determine Covered Entity or Business Associate's compliance with 45 C.F.R. § 164, subpart E.
- (h) Business Associate shall provide access to PHI in a designated record set as required under 45 C.F.R. § 164.524.
- (i) Business Associate shall, upon request by Covered Entity or Individual, disclose PHI to Covered Entity, Individual, or Individual's designee, as necessary to satisfy Covered Entity's obligations under 45 C.F.R. §§ 164.502(a)(4)(ii), 164.524(c)(2)(ii), and 164.524(c)(3)(ii) with respect to an Individual's request.

### 4. Obligations of Covered Entity

### Covered Entity Agrees to:

- (a) Notify Business Associate, upon request, of any limitation(s) in Covered Entity's Notice of Privacy Practices in accordance with 45 C.F.R. § 164.520, to the extent that such limitation(s) may affect Business Associate's use or disclosure of PHI.
- (b) Notify Business Associate of any changes in, or revocation of, Authorization by an Individual or his or her personal representative regarding the use or disclosure PHI, if such changes affect Business Associate's use or disclosure thereof.
- (c) Notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, if such changes affect Business Associate's use or disclosure thereof.
- (d) Not provide Business Associate with more PHI than that which is minimally necessary for Business Associate to provide the services and, where possible, Covered Entity shall provide any PHI needed by Business Associate to perform the services in the form of a Limited Data Set, in accordance with 45 C.F.R. § 164.504(e)(3)(iv).
- (e) Not request Business Associate to use or disclose PHI in any manner that would violate HIPAA, the HITECH Act, or Florida law.

### 5. PHI Security Requirements

(a) Protection of Protected Health Information. Business Associate shall protect against any reasonably anticipated threats or hazards to the confidentiality, security, or integrity of PHI and protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under 45 C.F.R. § 164, subpart E. Business Associate shall implement policies and procedures to prevent, detect, contain, and correct security violations.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- (b) <u>Security of Electronic Protected Health Information</u>. Business Associate will develop, implement, maintain, and use administrative, technical, and physical safeguards to prevent security violations and the unpermitted acquisition, access, use, or disclosure of PHI in accordance with 45 C.F.R. § 164, subpart C.
- (c) <u>Business Associate's due diligence</u>. Business Associate shall make a good-faith effort to identify any unpermitted access, acquisition, use, or disclosure of any type of PHI or unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- (d) <u>Compliance</u>. Business Associate shall ensure that its agents and subcontractors comply with 45 C.F.R. § 164, subparts A, C, and E, and all applicable standards relating to all Electronic PHI.
- (e) <u>Compliance Date</u>. Business Associate certifies compliance with this section of the Agreement on or before the date on which its representative signs this Agreement as set forth in the signature blocks at the end of this document.

### 6. Notification and reporting requirements

- Reporting of Security Incidents. Within two (2) business days of discovery, Business Associate will report to the Covered Entity any Security Incident that involves the (1) unpermitted acquisition, access, use, or disclosure of PHI; and/or (2)(a) modification or destruction of Electronic PHI or (b) interference with system operations in an information system containing Electronic PHI. For any other type of Security Incident, Business Associate shall report such incident to Covered Entity upon request. Such reports shall include a description of the incident, identification of any Individuals affected (if any), and the types of PHI involved (if any). The day the Security Incident is discovered or would have been discovered with the exercise of reasonable diligence will be considered the first business day of the reporting period.
- (b) Notification to Covered Entity regarding a Breach of PHI. Within two (2) business days of discovery, Business Associate will notify Covered Entity of any Breach of unsecured PHI in accordance with 45 C.F.R. § 164.410. Within two (2) business days of discovery, Business Associate will notify Covered Entity of any other unpermitted acquisition, access, use, or disclosure of PHI not provided for in this Agreement. The notice pursuant to this subparagraph shall comply with the notification requirements of 45 C.F.R. § 164.410(c), including the identification of each affected Individual, the types of PHI involved in the breach, and a description of the incident. The day the breach is discovered or would have been discovered with the exercise of reasonable diligence will be considered the first business day of the reporting period.
- (c) Notification to Individuals. In the case of a Breach regarding unsecured PHI, Business Associate shall first notify Covered Entity of the details of the breach. Upon approval by Covered Entity, Business Associate shall notify each Individual whose unsecured PHI was breached in accordance with 45 C.F.R. § 164.404. Notification shall be in writing and delivered by first-class mail to the Individual, the Individual's personal representative, or the Individual's next of kin (if the individual is deceased) at the last known address of the Individual, next of kin, or personal representative, as applicable. The notification may be delivered by e-mail if

Revised July 10, 2017

Contract No.: DMS-18/19-054A

requested by the recipient. When there is insufficient or out-of-date contact information (including a phone number, email address, or any other form of appropriate communication) that precludes written or electronic notification, a substitute form of notice shall be provided. When there are ten (10) or more Individuals for whom there is insufficient or outdated contact information, Business Associate shall place a conspicuous posting on its web site or run the notice in major print or broadcast media, including major media in the geographic areas where the Individuals likely reside. In any case deemed by Business Associate to require urgency due to possible imminent misuse of unsecured PHI, Business Associate may also provide information to Individuals by telephone or other means, as appropriate.

- (d) Notification to Media. When Business Associate reasonably believes there has been a Breach of unsecured PHI involving more than 500 persons, after prior approval by Covered Entity, Business Associate shall provide notice to prominent media outlets serving the state or the relevant portion of the state involved, in accordance with 45 C.F.R. § 164.406.
- (e) Notification to the Secretary. Business Associate shall cooperate with Covered Entity to provide notice to the Secretary of the Breach of unsecured PHI in accordance with 45 C.F.R. § 164.408. When Business Associate reasonably believes that there has been a Breach of Unsecured PHI involving 500 or more individuals, such notice must be provided immediately. If the breach was with respect to fewer than 500 individuals, Business Associate may maintain a log of the breach and annually submit such log to Covered Entity so that it may satisfy its obligation to notify the Secretary of breaches.
- (f) <u>Content of Notices</u>. All notices must comply with the minimum notice provisions set forth in 45 C.F.R. §§ 164.404, 164.406, 164.408, 164.410, and section 13402(f) of the HITECH Act, as applicable, except that any references therein to a "covered entity" shall be read as references to Business Associate.
- (g) <u>Financial Responsibility</u>. Business Associate shall be responsible for reasonable costs related to the notices required under this Agreement.
- (h) <u>Mitigation</u>. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate regarding the unauthorized access, acquisition, use, or disclosure of any type of PHI in violation of this Agreement.

### 7. Security and confidentiality under Florida law

(a) Business Associate agrees to observe the confidentiality requirements of section 110.123(9), Florida Statutes. In general, the referenced statute provides that patient medical records and medical claim records of state employees, former state employees, and their covered dependents are confidential and exempt from the provisions of section 119.07(1), Florida Statutes. Any person who willfully, knowingly, and without authorization discloses or takes data, programs, or supporting documentation, including those residing or existing internal and external to Covered Entity's computer system, commits an offense in violation of section 815.04, Florida Statutes.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

(b) These confidentiality requirements protect the disclosure of all Covered Entity's records and information, in whatever form, including the copying or verbally relaying of confidential information. If Business Associate is served with subpoena requiring the production of Covered Entity's records or information, Business Associate shall immediately contact the Department of Management Services, Office of the General Counsel, at (850) 487-1082.

A subpoena is an official summons issued by a court or an administrative tribunal, which requires the recipient to do one or more of the following:

- i. Appear at a deposition to give sworn testimony and/or require that certain records be brought to be examined as evidence.
- ii. Appear at a hearing or trial to give evidence as a witness and/or require that certain records be brought to be examined as evidence.
- iii. Produce certain records for examination.
- (c) Business Associate acknowledges that the confidentiality requirements herein apply to all its agents and subcontractors. Business Associate assumes responsibility and liability for any damages or claims, including state and federal administrative proceedings and sanctions, against Covered Entity, including costs and attorneys' fees, resulting from Business Associate's breach of this Agreement.
- (d) Business Associate shall take reasonable measures to protect and secure electronic data that contains personal information in accordance with section 501.171, Florida Statutes (the "Florida data breach notification law"). The Parties expressly acknowledge and agree that the terms and provisions of this Agreement are intended to also control with respect to "Personal Information" as defined in, and addressed by section 501.171, that Business Associate creates, maintains, or receives. As such, any references to Protected Health Information and HIPAA in this Agreement shall include, respectively, Personal Information and the confidentiality, security and reporting obligations, under the Florida data breach notification law.

Within two (2) days of discovery, Business Associate shall report any breach of security to Covered Entity and shall provide Covered Entity with all information required under section 501.171(6)(a), Florida Statutes.

(e) Unless otherwise agreed to in writing, Business Associate will not allow any data, PHI, Electronic PHI, or other information to be accessed or stored outside of the United States.

### 8. Term and Termination of Agreement

(a) <u>Term</u>. This Agreement shall commence as of the effective date of this Agreement and will naturally terminate on the later of (i) the last of the Parties' related agreements for Business Associate's Services terminate, or (ii) when all of the PHI in Business Associate's possession, custody, or control is destroyed or returned to Covered Entity, or if it is not feasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provision in this section.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- (b) Termination for cause. Without limiting any other termination rights, the Parties may have, Covered Entity may terminate this Agreement upon discovery of a material breach. Covered Entity shall provide Business Associate an opportunity to cure the breach or end the violation. If the Business Associate does not cure the breach or end the violation within a reasonable time as specified by Covered Entity, Covered Entity shall have the right to immediately terminate the Agreement. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- (c) Return or destruction of PHI upon termination. Upon notice of termination of this Agreement, Business Associate shall destroy or return to Covered Entity any and all PHI created or received by Business Associate.

Within fifteen (15) calendar days of any notice of termination of this Agreement, Business Associate shall notify Covered Entity in writing as to whether Business Associate elects to return or destroy such PHI.

Except as provided in subsection (d), within thirty (30) calendar days of the notice of termination of this Agreement, Business Associate shall return to Covered Entity or destroy any and all PHI maintained by Business Associate in any form and shall retain no copies thereof. Business Associate also shall recover and return or destroy, within such time period, any and all PHI in the possession of its subcontractors or agents.

If Business Associate elects to destroy PHI, Business Associate shall obtain written confirmation from Covered Entity that such actions will not violate the State of Florida's record retention policies. Upon destruction, Business Associate shall provide written certification to Covered Entity that such PHI has been destroyed. If any subcontractor or agent of Business Associate elects to destroyPHI, Business Associate will require such subcontractor or agent to provide written certification to Business Associate and to Covered Entity when such PHI has been destroyed.

(d) If it is not feasible for Business Associate to return or destroy any PHI, Business Associate shall notify Covered Entity in writing that Business Associate has determined that it is not feasible to return or destroy the PHI and the specific reasons for such determination.

If it is not feasible for Business Associate to obtain any PHI in the possession of the subcontractor or agent, Business Associate shall provide a written explanation to Covered Entity and require the subcontractor or agent to agree to extend any and all protections, limitations, and restrictions set forth in this Agreement to the subcontractor or agent's use or disclosure of any PHI retained after the termination of this Agreement, and to limit any further use or disclosure to the purposes that make the return or destruction of the PHI not feasible.

### 9. Miscellaneous

- (a) Material breach. A violation of any provision of this Agreement shall be deemed a material breach of this Agreement and the Contract.
- (b) Warranties and representations. Covered Entity makes no warranty or representation that compliance by Business Associate with this Agreement,

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- HIPAA, or HITECH Act will be adequate or satisfactory for Business Associate's own purposes.
- (c) Assignment. Business Associate shall not assign either its obligations or benefits under this Agreement without the express written consent of Covered Entity, which shall be at the sole discretion of Covered Entity. Given the nature of this Agreement, neither subcontracting nor assignment by Business Associate is anticipated and the use of those terms herein does not indicate permission to assign or subcontract has been granted.
- (d) Regulatory References. A reference in this Agreement to a section of HIPAA, the Privacy Rule, the Security Rule, or HITECH Act means the section as in effect or as amended and for which compliance is required.
- (e) Amendment. Upon the enactment of any law or regulation affecting the use or disclosure of PHI, Standard Transactions, the security of PHI, HIPAA, or the HITECH Act; the publication of any decision of a court of the United States or any state relating to any such law; or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, either Party may, by written notice to the other Party, amend this Agreement in such manner as such Party determines necessary to comply with such law or regulation. If the other Party disagrees with such Amendment, it shall notify the first Party in writing within thirty (30) calendar days' notice. If the Parties are unable to agree on an Amendment within thirty (30) calendar days thereafter, then either of the Parties may terminate the Agreement on thirty (30) calendar days written notice to the other Party.
- (f) Survival. The rights and obligations of Business Associate under Section 8 of this Agreement shall survive the termination of this Agreement.
- (g) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the HITECH Act, and Florida Statutes.
- (h) No third party beneficiary. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assignees of the Parties, any rights, remedies, obligations, or liabilities whatsoever.
- (i) Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida to the extent not preempted by applicable federal law.
- (j) Venue. The venue of any proceedings shall be the appropriate federal or state court in Leon County, Florida.
- (k) Indemnification and performance guarantees. Business Associate shall indemnify, defend, and hold harmless the Agency, State of Florida, and individuals covered by the Plans for any financial loss as a result of the claims brought by third parties and which are caused by the failure of Business Associate, its officers, directors, or agents to comply with the terms of this Agreement.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

- (I) Independent entities. Business Associate and Covered Entity are independent entities, and this Agreement will not establish any relationship of partnership, joint venture, employment, franchise, or agency between Business Associate and Covered Entity. Neither Business Associate nor Covered Entity will have the power to bind the other or incur obligations on the other Party's behalf without the other Party's prior written consent, except as otherwise expressly provided in this Agreement.
- (m) Conflicts. In the event that any terms of this Agreement are inconsistent with the terms of any other contract between the Parties, the terms of this Agreement shall control.
- (n) Requirement to cooperate with the inspector general. Under section 20.055(5), Florida Statutes, it is the duty of every state employee, agency, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing.
- (o) Public Records. Solely for the purposes of this section, the contract manager is the agency custodian of public records. If, under this Agreement, the Business Associate is providing services and is acting on behalf of a public agency, as provided by section 119.0701, Florida Statutes, the Business Associate shall:
  - i. Keep and maintain public records required by the public agency to perform the service:
  - ii. Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within reasonable time and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
  - iii. Ensure that public records that are exempt or confidential and exempt from public records disclosure are not disclosed except as authorized by law for the duration of the Agreement term and following the completion of the Agreement if the Business Associate does not transfer the records to the public agency; and
  - iv. Upon completion of the Agreement, transfer, at no cost, to the public agency all public records in possession of the Business Associate or keep and maintain public records required by the public agency to perform the service. If the Business Associate transfers all public records to the public agency upon completion of the Agreement, the Business Associate shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Business Associate keeps and maintains public records upon completion of the Agreement, the Business Associate shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

Revised July 10, 2017

Contract No.: DMS-18/19-054A

v. IF THE BUSINESS ASSOCIATE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE BUSINESS ASSOCIATE'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE TELEPHONE NUMBER, EMAIL ADDRESS AND MAILING ADDRESS PROVIDED FOR THE CONTRACT MANAGER.

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Jennifer Lloyd, DSGI Director	Just Mylnow
9/27/2019 Date	Richaldermond, FSAMAAA, VI
	Print Name and Title  September 18 20 19.  Date/
Approved as to legality and form:	Date//
DMS Legal O Steen	
9/25/19 Date	