PROVIDER NETWORK AFFILIATION FEES		
	Connecticut General contracts directly or indirectly with other managed care entities and third party network vendors for access to their provider networks and discounts. These third parties charge either a network access fee, which is included in Connecticut General's monthly charges, or a percentage of the savings realized on a claim by claim basis as a result of the application of their discounts. These "network savings fees" are paid from the Bank Account. Additional details regarding specific charges will be provided upon request.	**All products**
OTHER VENDORS AND HEALTH CARE SERVICES PROVIDERS		
	Capitation and fee-for-service charges for various vendors and other providers/arrangers of health care services and/or supplies will be paid as claims for Plan Benefits and will appear in Employer's monthly check register. Such payments will be at Connecticut General's applicable capitation or fee-for-service charges then in effect, which may be revised from time to time. Additional details regarding charges and the identity of the vendor or provider of health care services will be made available upon request.	**All products**
NOTICE REGARDING PAYMENTS FROM THIRD PARTIES		
	From time to time, Connecticut General, either directly or through its affiliates, contracts with vendors and provider network managers in connection with various cost containment initiatives. Connecticut General and its affiliates may receive payments from such vendors and provider network managers that are intended to help defray expenses associated with implementing such cost containment initiatives. In addition, Connecticut General (and/or certain affiliates of Connecticut General that provide services related to the administration of Employer's plan) may receive payments from third parties (including manufacturers of pharmaceutical products) for the provision of aggregate data, facilitating patient compliance with prescriptions of the manufacturer's products and other such services. Additional details will be provided upon request.	**All products**

	OPTIONAL SERVICE CHARGES	
Service	**Description**	**Charge**
Well Aware	The CIGNA HealthCare "Well Aware Program for Better Health®". (All Medical Plans) Well Aware Asthma, Lower Back Pain, Cardiac, COPD, Diabetes = $4.40/employee/month Weight Complications = $1.71/employee/month Targeted Conditions = $1.20/employee/month	**[Included in Medical Access Fee]**

Exhibit B – Services

Connecticut General will provide the Services as set forth in this Exhibit B of the Administrative Services Agreement, which establishes a contractual agreement between the Employer and Connecticut General arising from Connecticut General's February 27, 2007 responses to Employer's Requests for Proposal 07-001-37 and 07-001-38.

BANKING AND ADMINISTRATION		
All products excluding Vision PPO and Health Savings Account		
1.	Furnishing Connecticut General's standard bank account activity data reports to Employer as and when agreed upon.	**All Products**
2.	Reporting to Employer the claim payment information required in connection with Section 6041of the Internal Revenue Code.	**All Products**
3.	If Employer has elected, pursuant to section 63 of the New York Health Care Reform Act of 1996 (section 2807-t of the Public Health Law) ("the Act"), to pay the assessment on covered lives set forth in section 63 and has consented to the conditions set forth in section 63, Connecticut General shall file such forms and pay such assessment on covered lives on behalf of Employer through the Bank Account to the extent set forth in section 63. Such obligation shall end immediately upon Employer's failure to provide any information required by Connecticut General to fulfill this obligation, the failure to comply with any requirement imposed upon Employer pursuant to the Act or the failure of Employer to properly fund the Bank Account to pay such assessment Connecticut General shall file applicable forms and pay assessments on covered lives on behalf of Employer in accordance with and as required by other applicable state law and regulations including: Massachusetts Uncompensated Care Trust Fund Maine Dirigo Health Reform Act Louisiana High Risk Health Insurance Association Fund	**All Products**

CLAIM ADMINISTRATION		
All products excluding Vision PPO and Health Savings Account		
1.	Calculation of Plan Benefits, check preparation and communications through Connecticut General's standard processes;	**All Products**
2.	Preparation and delivery of Connecticut General's standard claim forms to Employer for issuance to Members;	**All Products**
3.	Investigation of claims, as necessary;	**All Products**
4.	Discussion of claims, where appropriate, with providers of health services;	**All Products**
5.	Performance of internal audits of Plan Benefit payments on a random sample basis;	**All Products**
6.	Application of claim control procedures;	**All Products**
7.	Response to Insurance Department complaints;	**All Products**
8.	Shared toll-free telephone service for Employer calls to Connecticut General Claim office	**All Products**
9.	Member services and provider relations services;	**All Products**
10.	Explanation of benefit ("EOB") statements when applicable	**All Products**
11.	Notification to Members of denied Plan Benefit claims, the reason for the denial and appeal rights, and;	**All Products**
12.	Eligibility verification using monthly Member eligibility list updated by Employer.	**All Products**

	Medical Only	
1.	Connecticut General's standard enrollment forms are prepared and delivered to Employer for distribution to individuals eligible to enroll in the Plan.	**All Medical Products**
2.	Connecticut General's standard ID card with toll-free telephone number are prepared and mailed directly to Members.	**All Medical Products**
3.	Administration of subrogation/conditional claim payment (terms described in Exhibit E).	**All Medical Products**
	Pharmacy Only (CIGNA Administers Pharmacy on HRA Plan Only)	
1.	Pharmacy claims are adjudicated typically on-line at time of service without access to information on other coverage, and therefore coordination of benefits (COB) for pharmacy claims does not occur. Claims for Plan Benefits will be paid regardless of coverage under another plan.	**All Pharmacy Products**
2.	Connecticut General's standard drug utilization review services	**All Pharmacy Products**
3.	Connecticut General will maintain a prescription drug formulary and possibly other preferred pharmaceutical lists (such "preferred lists" include, for example, the CIGNA HealthCare Preferred Specialty Pharmaceutical (Injectable Drug) List). All products on the formulary and preferred lists have been approved by the Federal Food and Drug Administration for their labeled indications.	**All Pharmacy Products**

	In addition, from time to time Connecticut General's Pharmacy & Therapeutics Committee reviews clinical evidence on products to determine whether such products may be listed as a preferred product on the formulary or placed on a preferred list. Preferred placement on the formulary or placement on a preferred list does not imply that such products are clinically superior to other products in their therapeutic class. The Pharmacy & Therapeutics Committee is comprised of physicians and pharmacists, the majority of whom are in active practice and are not employed by Connecticut General or any of its affiliates. In selecting preferred products in its formulary, Connecticut General attempts to manage to the lowest net cost in the aggregate; however, not every preferred formulary product is the product with the lowest net cost within the applicable therapeutic class for your plan and/or participants in your plan. For example, the preferred product may be selected because it is clinically superior, the subject of favorable payment (rebate) arrangements between Connecticut General and the product's manufacturer that directly or indirectly benefit your plan, is anticipated to become available in a lower-cost generic drug form, or for other reasons.	**All Pharmacy Products**
	Health Reimbursement Arrangement Only	
1.	Providing reimbursement request forms are provided to Employer.	**HRA**
2.	Employer will make available specific funds to eligible individual enrolled in the Health Reimbursement Arrangement Medical Option ("HRA" and "HRA Members"). At the end of each reimbursement period of the Plan Year, Connecticut General shall issue checks to HRA Members (or their medical provider, if appropriate) to the extent of the maximum amount of reimbursement allowed by Employer reduced by prior reimbursements for the same period of coverage, for the amount due on these expenses that is determined by it to be proper under the Plan.	**HRA**

3.	Allowable expenses for reimbursement under a HRA include all allowable health-related expenses, pursuant to I.R.C. Section 213 except where reimbursement under a HRA is prohibited. The Employer can further limit the allowable expenses to one of the following options: • expenses allowed under the Plan • expenses allowed under the Plan, plus any or all of the following allowable under IRC Section 213: ___ pharmacy expenses provided by CHC or another carrier ___ mental health expenses covered by a separate CIGNA HealthCare (CHC) or non-CIGNA HealthCare behavioral plan. ___ dental expenses plus Employer can add bundles of allowable expenses such as: ___ vision expenses ___ complimentary care expenses ___ wellness expenses ___ premium expenses ___ over-the-counter drug expenses • all health-related expenses pursuant to IRC Section 213, except any or all of the following: ___ pharmacy expenses provided by CIGNA HealthCare or another carrier ___ vision ___ dental expenses	**HRA**
4.	HRA Member account balances will remain open after conclusion of the Plan Year for a period of 60 days, (the "**Run Out Period**"), so that HRA Members can submit any remaining expenses incurred during the Plan Year.	**HRA**

5.	Requests of terminating HRA Members will continue to be processed for 60 days following termination for any expenses incurred prior to their Membership termination date up to the originally selected goal amount, minus prior reimbursements.	**HRA**
6.	HRA Reimbursement Checks will be mailed directly to providers for all non-co-pay medical expenses, if the HRA Member has assigned or authorized the payment of the claim to a provider and all provider information is available. Reimbursements for medical co-payments will be mailed directly to HRA Members at their home addresses with a detailed explanation of the reimbursement, as well as the account balance (Note: When pharmacy claims are covered and Connecticut General administers the pharmacy benefits, the HRA will automatically pay the pharmacy at the point of prescription purchase for all HRA Member obligations under the pharmacy plan including deductibles, co-pays, and/or coinsurance obligations.). HRA Member's will not receive an Explanation of Benefits for these payments.	**HRA**
7.	Providing information on account balances and submitted claims to HRA Members calling the number on the ID card. In addition, HRA Members will have access to account information via Internet and Interactive Voice Response.	**HRA**
8.	Medical claims processed but unpaid by Connecticut General will be automatically submitted for reimbursement from the HRA Member's HRA. Such "rollover" claims will be processed without additional submissions by the HRA Member.	**HRA**
9.	Pharmacy claims, if an eligible expense under the HRA, that are processed but unpaid by Connecticut General will be automatically submitted for reimbursement from the HRA Member's HRA. Such "rollover" claims will be processed without additional submissions by the HRA Member. When pharmacy claims are covered and Connecticut General administers the pharmacy benefits, the HRA will automatically pay the pharmacy through the HRA at the point of prescription purchase for all HRA Member obligations under the pharmacy plan including deductibles, co-pays, and/or coinsurance obligations. HRA Member's will not receive an Explanation of Benefits for these payments.	**HRA**

10.	When it takes over HRA administration mid-Plan Year, Connecticut General will provide administrative services from the date Connecticut General receives the Plan information.	**HRA**
	DOCUMENT PRODUCTION	
	All products excluding Vision PPO and Health Savings Account	
1.	Preparation and delivery of standard Member benefit booklet drafts.	**All Products**
	UNDERWRITING SERVICES	
	All products excluding Vision PPO and Health Savings Account	
1.	Provision of Connecticut General's standard annual year-end accounting summary of a) the number and amount of paid claims and b) fees paid	**All Products**
2.	Connecticut General's standard Underwriting services: a.) benefit design analysis, b.) reserve analysis, c.) projected cost analysis, and d.) multi-divisional reports and disclosures.	**All Products**
	HIPAA INDIVIDUAL RIGHTS	
	All products excluding Vision PPO and Health Savings Account	
	Handling of requests from Members for access to, amendment and accounting of protected health information and requests for restrictions and alternative communications as required under federal HIPAA law and regulations, as set out in this Agreement and its Exhibits.	**All Products**
	COST CONTAINMENT	
1.	Reasonable and customary determinations, application of non-duplication and coordination of benefits rules and coordination with Medicaid;	**All Medical**
2.	Delivery of information, as necessary, regarding standard application of non-duplication or coordination of benefits.	**All Medical**

3.	Review of medical bills in accordance with Connecticut General's then current Medical Bill Review program.	**All Medical**
4.	Network Savings Program, a national vendor network that provides discounted rates when a Member accesses care through a Network Savings Program contracted provider.	**All Medical**
	CUSTOMER REPORTING	
1.	Connecticut Generals' summary reports of medical and pharmacy cost and utilization experience available through CIGNA web site.	**All Medical**
2.	Standard Stop Loss Reporting: Connecticut General will provide its standard reports and information based upon paid claim data only. Connecticut General will not provide individual member information on incurred-but-not reported claims, projected claims, pre-certifications of coverage, case management information or information on a Member's prognosis or course of treatment. Standard Stop Loss Reporting is a basic service for Employers who have purchased stop loss from Connecticut General and is an optional service provided at an additional fee to Employers who have stop loss through another entity. Connecticut General will provide its standard reports and information only after the stop loss carrier and Employer have executed Connecticut General's standard Hold Harmless/Confidentiality Agreement.	**All Medical**
3.	Connecticut General's standard pharmacy utilization reports - fifteen (15) pharmacy utilization reports per year.	**Pharmacy Only**
4.	Connecticut General's standard Individual Summary Statements for applicable Members.	**HRA**
5.	Connecticut General's standard Health Reimbursement Arrangement activity report for Employer.	**HRA**

	COBRA COMPLIANCE	
	Employer directs Connecticut General in administering the Health Care Flexible Spending Account and/or Health Reimbursement Arrangement benefit to comply with COBRA as follows:	
4.	The HRA of each HRA Member who experiences a qualifying event and elects continuation of account coverage in accordance with COBRA will be maintained similar to the maintenance of an active employee.	**HRA**
	EXTERNAL REVIEW PROGRAM	
	Voluntary Member appeal to selected external organization.	**All Medical**
	MEDICAL MANAGEMENT SERVICES	
	Connecticut General provides integrated medical management that includes (depending upon the terms of the Plan) the following core services:	
1.	Pre-Admission Certification and Continued Stay Review (PAC/CSR) services to certify coverage of acute and sub-acute inpatient admissions/stays or provides guidance to appropriate alternative settings. Administered in accordance with Connecticut General's then applicable medical management and claims administration policies, practices and procedures.	**All Medical**
2.	Case Management and Retrospective Review of Inpatient Care, a service designed to provide assistance to a Member who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support;	**All Medical**
3.	Assisting providers in developing Long Term Treatment Plans in the management of chronic or catastrophic cases;	**All Medical**
4.	The CIGNA HealthCare Healthy Babies® Program, a no-cost to Member prenatal program that provides education and support for a healthy pregnancy and healthy baby;	**All Medical**
5.	Consumer decision support tools on myCIGNA.com;	**All Medical**
6.	A panel of external medical experts to assess the safety and effectiveness of new medical technologies;	**All Medical**

7.	The CIGNA HealthCare 24-Hour Health Information Line℠, a service that provides 24 hour toll free access to registered nurses and an extensive audio health information library;	**All Medical**
8.	The CIGNA LIFESOURCE Organ Transplant Network®, that gives participants access to quality care at nationally recognized transplant centers for certain types of organ and tissue transplants;	**All Medical**
9.	A Health Education Program that delivers mailings to Members with certain conditions;	**All Medical**
10.	When behavioral health services are provided/arranged by CIGNA Behavioral Health (CBH), CBH provides utilization review and case management for inpatient in-network behavioral health services;	**OAP and HRA OAP**
11.	Implementing clinical quality measurements, managing data, tracking and validating performance and initiating continuous quality improvement;	**All Medical**
12.	Transition of care services to allow Members with defined conditions to continue treatment with non-Participating Providers after enrollment for continued uninterrupted care for a limited time;	**All Medical**
	NETWORK MANAGEMENT SERVICES	
	Connecticut General, and/or its affiliates shall:	
1.	Provide or arrange access to the applicable network of Participating Providers to furnish health care services/products to Members at negotiated rates and methods of reimbursement (e.g. fee-for service, capitation, per diem charges, incentive bonuses, case rates, withholds etc.). The amount and type of negotiated reimbursement may vary depending upon the type of plan. For example, a hospital may accept less for patients enrolled in certain types of plans than others.	**All Medical**
2.	Credential and re-credential Participating Providers in accordance with Connecticut General's credentialing requirements and ensure that third-party network vendors credential/re-credential Participating providers in accordance with Connecticut General's requirements	**All Medical**
3.	Establish and monitor Participating Provider compliance with protocols and procedures for, quality monitoring, participant satisfaction, and grievance resolution;	**All Medical**
4.	Facilitate the identification of Participating Providers by Members	**All Medical**
5.	Maintain Member services staff to respond to Member inquiries.	**All Medical**

CIGNA STAFF MODEL HEALTH PLANS SERVICES		
	Participating Providers in Arizona include the CIGNA HealthCare of Arizona, Inc. staff model ("CIGNA Medical Group"). Members may at some time receive treatment from a CIGNA Medical Group facility or provider even if they do not reside in Arizona (as when traveling). Members utilizing the IPA network will access certain specialty and/or ancillary services (including laboratory and urgent care services) through the CIGNA Medical Group system. Lab services are not provided by CIGNA Medical Group for Members in PPO, PPO Plus or EPO plans Except as provided below, for services provided to Members CIGNA Medical Group is paid on a fee schedule basis at the rates in effect at the time of service (as may be revised from time to time). A representative CIGNA Medical Group fee schedule of routinely performed services is attached. A copy of the full fee schedule is available on request. If the Plan requires Members to select a primary care physician (PCP), Phoenix area Members who do not select a PCP during open enrollment are assigned to a CIGNA Medical Group PCP. CIGNA Medical Group is paid a monthly primary care capitation amount for those Phoenix area participants who select or are assigned to a CIGNA Medical Group PCP. Charges will appear on the monthly check register at the rates in effect at the time of payment. Primary care capitation charges are age/sex adjusted and may be revised from time to time. A primary care capitation rate grid and a list of the services included in the capitation are available upon request.	**OAP and HRA OAP**

CIGNA HEALTHCARE OF ARIZONA - CIGNA MEDICAL GROUP (CMG) REPRESENTATIVE FEE SCHEDULE OF ROUTINELY PERFORMED MEDICAL SERVICES EFFECTIVE 03/01/2007

(Applicable to all Open Access Plus accounts)

CPT Service Code	Service Description	Charge
45330	Flex Sigmoid; Diagnostic (combined rate, includes facility fee $740)	$798.42
45378	Diagnostic Colonoscopy (combined rate, includes facility fee $650)	$857.26
71020	Chest X-Ray, Pa & Lat	$36.30
74000	Abdomen X-Ray (Kub)	$29.84
77057	Mammogram, Screening (Bilateral)	$81.73
80053	Comprehensive Metabolic Panel	$21.42
80061	Cardiac Risk	$27.14
82565	Creatinine; Blood	$10.38
82947	Glucose, Serum	$7.95
84075	Phosphatase,Alkaline,Blood	$10.48
84443	Tsh, Assay	$34.03
84450	Sgot (Ast) Transaminase	$10.47
84520	Bun (Urea Nitrogen)Assay	$7.99
85025	CBC and Differential	$13.01
87086	Culture, Urine, Colony Ct	$16.36
88164	Cytopathology, Slides	$21.40
88305	Surg Path, Gross and Micro	$149.44
92014	Eye Exam & Treatment	$95.91
92567	Tympanometry	$21.98
93000	Electrocardiogram, Complete	$26.83
94760	Oximetry Single Determination	$2.31
95115	Allergy Injection, Single	$15.47
95117	Allergy Injection, Multiple	$19.61
99211	Office Visit,Est Min (Md Or Non-Md)	$21.51
99212	Office Visit,Est Prob Focused	$38.57
99213	Office Visit,Est Exp Prob Foc	$52.55
99214	Office Visit,Est Detailed	$82.44
99231	Subsequent Hospital Care	$34.12
99242	Office Consult, Exp Prob Focused, 30 Minutes	$92.04
99395	Well Exam, Est, 18-39 Years	$97.18
99396	Well Exam, Est, 40-64 Years	$107.41

The Urgent Care case rate excluding radiology and laboratory services is $115.

The CMG CareToday (CMG low acuity clinics) visit rate is $59. Lab tests performed at the CMG CareToday facilities are $10 per service. A complete CMG CareToday fee schedule is available on request.

ASC (Ambulatory surgical center) grouper rates based on 2006 Medicare for facility component of outpatient surgery services:

Group 1 - $485
Group 2 - $650
Group 3 - $740
Group 4 - $900
Group 5 - $950
Group 6 - $1100
Group 7 - $1420
Group 8 - $1400
Group 9 - $1200
Unlisted - $740

CIGNA Medical Group pharmacy fee schedule:

Brand Name:	AWP – 15% + $2.50 dispensing fee
Generic:	If MAC pricing is available then MAC +$2.50
	In no MAC price available then AWP – 15% + $2.75 dispensing fee

Plan charges are reduced by any applicable copayment, coinsurance and/or deductible for service. Services not identified by CPT code or codes without established RVUs are billed at the 50th Percentile of the Arizona Regional Medicode Schedule.