

Cigna Pathwell Specialty	<p>Cigna Pathwell SpecialtySM is a network benefit that manages certain injected and infused specialty medication costs by guiding Members to cost-effective and clinically appropriate in-network Pathwell Specialty Providers¹, including specialty pharmacies (which may include CHLIC affiliates) and other treatment settings. It is supported by a high-touch Cigna Pathwell Specialty Care Management Team, which proactively guides Members using out-of-network providers to in-network benefits while also providing Members with education and referrals to other Cigna health programs, including those focused on wellness and behavioral health as appropriate. Additionally, both Members and providers have access to easy-to-use provider look-up tools with geolocation features that identify in-network Pathwell Specialty Providers.</p> <p>¹ “Pathwell Specialty Providers” means an in-network specialty pharmacy the health care professional orders medication from or the place (location) where Participants are having their treatment done.</p> <p>Except as provided below, for in-network medical claims covered under the Pathwell Specialty benefit, Employer shall pay CHLIC according to the following Average Sales Price (ASP) schedule whereby the category equates to the type of Pathwell Specialty Provider. ASP is used to the extent available. If ASP is not available, CHLIC may use a reasonable substitute. CHLIC follows a rational, reasonable, and auditable process to establish categories and ASP ranges by category. Subject to execution of a mutually agreed upon audit agreement, third party audits of the process used to categorize a type of provider or the assignment of ASP % on a select set of claims can be arranged upon Employer request. Pathwell Specialty Providers will be assigned to a tier based on their contracted rates. Pathwell Specialty Providers will not be moved between tiers mid-calendar year unless there is a change in their contracted Pathwell Specialty rates or a market event. Review of provider tiers outside of changes to the contracted rates will occur on an annual basis. The distribution and list of providers across tiers within the Cigna Pathwell SpecialtySM network, will be provided upon Employer request.</p> <table><tr><th>Category</th><th>ASP Range</th></tr><tr><td>Tier A: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies</td><td>106% - 135% ASP</td></tr><tr><td>Tier B: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies</td><td>136% - 160% ASP</td></tr><tr><td>Tier C: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies</td><td>161% - 190% ASP</td></tr><tr><td>Tier D: Outpatient Hospital</td><td>120% - 155% ASP</td></tr><tr><td>Tier E: Outpatient Hospital</td><td>156% - 190% ASP</td></tr><tr><td>Tier F: Outpatient Hospital</td><td>191% - 225% ASP</td></tr></table>	Category	ASP Range	Tier A: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	106% - 135% ASP	Tier B: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	136% - 160% ASP	Tier C: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	161% - 190% ASP	Tier D: Outpatient Hospital	120% - 155% ASP	Tier E: Outpatient Hospital	156% - 190% ASP	Tier F: Outpatient Hospital	191% - 225% ASP	All Medical Products Except Cigna SureFit, Comprehensive, Indemnity, Network, Network OA, Network POS, and Network POSOA
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	Tier G: Outpatient Hospital 226% - 260% ASP	
	<p>Employer understands and agrees that the amount paid by CHLIC to the Pathwell Specialty Provider for such claims may or may not be equal to the amount charged to Employer and CHLIC will absorb or retain any difference. Additional reporting available upon request.</p> <p>In some instances, the in-network charge for specialty medications from Pathwell Specialty Providers will be based upon their provider contract and not in accordance with the above ASP Schedule. In the event of contract or market changes, these Pathwell Specialty Providers may be added during a calendar year to a tier under the ASP Schedule and reimbursement would then be based upon the ASP Schedule. Similarly, a Pathwell Specialty Provider who began the calendar year in a tier under the ASP Schedule may be moved to charges for specialty medications based upon their provider contracts rather than the ASP Schedule in the event of a contract or market change.</p> <p>To the extent a claim is submitted by a Pathwell Specialty Provider such that a data error is indicated, the claim would not be subject to the ASP schedule, above.</p>	

Cigna Pathwell Bone & Joint

Cigna Pathwell Bone & JointSM (Pathwell) is a condition-specific care program that manages musculoskeletal (MSK) costs by incorporating clinical support, navigation, and benefit design into a digital-first experience guiding Members to cost-effective and clinically appropriate Participating Providers (Pathwell Providers) for specific surgical procedures, and helping Members get the non-surgical care and guidance they need. Pathwell is supported by clinical care advocates, who support Members through digital and/or telephonic modalities as they work on their care paths. Pathwell engages Members earlier through predictive analytics and proactive, targeted outreach to help Members understand their options and benefits and receive cost-effective, clinically appropriate care.

- For Member that is engaged in the Pathwell program, the Employer agrees to pay a \$500 fee to be charged to the Bank Account (amount subject to change on an annual basis) for each year the Member is engaged. Members are defined as “engaged” when a Member performs an action such as completing an assessment, interacting with the digital Pathwell experience or having a telephonic engagement with a clinical care advocate. Employer will not be charged more than once for the same Member in a twelve (12) month period.
- Beginning in July 2024, for the Pathwell surgery benefit, charges to the Bank Account are based on geographic markets¹ and cover a bundle of services related to the surgical procedure. Each available market is classified into one of the three categories listed below² and Market Average Costs are identified for each surgical procedure and site of service in each market³. For medical claims covered under the Pathwell program and performed by Pathwell Providers (for all Members, irrespective of whether a Member has completed the Pathwell welcome MSK assessment), the Bank Account shall be charged according to the Market Average Cost schedule set forth below. CHLIC follows a rational, reasonable, and auditable process to establish market averages by category. Market Average Costs and categorizations will not be changed mid-calendar year unless there is a change in Pathwell Provider participation, rates, or a market event. Subject to an appropriate audit agreement, third party audits of the process used by CHLIC to calculate Average Market Costs on a select set of claims can be arranged upon request.

Category	Pricing vs Market Average Cost
High Savings Market	25% less than Market Average Cost
Medium Savings Market	15% less than Market Average Cost
Low Savings Market	5% less than Market Average Cost

All Medical Products Except Cigna SureFit, Comprehensive, Indemnity, Network, Network OA, Network POS, and Network POSOA

	<p>Procedures covered by the Market Average Cost payment made by the Employer to CHLIC include all medical claims by the same Member at the same facility from admission to discharge related to a procedure covered under the Pathwell program with a Pathwell Provider.</p> <p>Employer understands and agrees that the Bank Account will be charged by CHLIC a single amount for all surgical procedure components and that the amount paid by CHLIC to the Pathwell Provider for such claims may or may not be equal (individually or in the aggregate) to the amount charged to the Bank Account and CHLIC will absorb or retain any difference.</p> <p>¹Market geographies are defined by Cigna Referral Region, which Cigna uses to define geographies across a number of programs.</p> <p>²Based on historical costs for Pathwell Providers versus Cigna's OAP rates for all providers in the market.</p> <p>³Market Average Cost is defined as Cigna's average cost under its OAP contracts for the surgical procedure and site of service (ASC/out-patient vs in-patient) within the provider's geography, adjusted for credibility where appropriate, and trended to the policy period.</p>	
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