

ORDINANCE 2020-08-20-0559

AUTHORIZING A PROFESSIONAL SERVICES CONTRACT WITH AETNA LIFE INSURANCE COMPANY TO PROVIDE OR ARRANGE HEALTH SERVICES FOR MEDICARE-ELIGIBLE RETIREES AND ELIGIBLE DEPENDENTS FOR A THREE-YEAR TERM BEGINNING JANUARY 1, 2021 AND ENDING DECEMBER 31, 2023, WITH TWO ONE YEAR RENEWAL OPTIONS FOR AN ESTIMATED ANNUAL COST OF \$875,846.00.

* * * * *

WHEREAS, the City issued a Request for Proposals (RFP) for retiree health services; and

WHEREAS, a committee including the City Manager's Office, Human Resources, as well as retiree representatives evaluated the proposals received, and recommends Aetna Life Insurance Company as the best able to provide the requested services based on the following criteria: experience, background and qualifications, proposed plan; proposed price and local preference.

WHEREAS, as a result of this process, a contract will be recommended that provides for Medicare health services for retirees and eligible dependents through Medicare Advantage Plans as well as a pharmacy only option; and

WHEREAS, said Contract provides for an initial 36 month term, expiring on December 31, 2023; and

WHEREAS, the estimated annual cost of this contract is \$875,846.00; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or designee is hereby authorized to execute the contract with Aetna Life Insurance Company to provide retirees and their eligible dependents with Medicare health services at an estimated annual cost of \$875,846.00. A copy of the Medicare Advantage Contract in final form is attached hereto and incorporated herein as **Exhibit "A"**. The terms of the Contract are hereby approved.

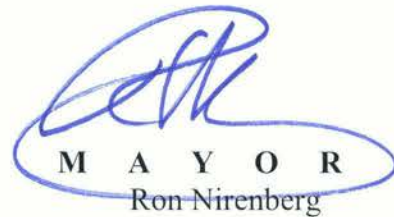
SECTION 2. Funding for this ordinance is contingent upon City Council approval of the Fiscal Year 2021 Budget and subsequent fiscal year budgets that fall within the contract period.

SECTION 3. Payment is authorized to Aetna Life Insurance Company and should be encumbered with a purchase order. Payment is limited to funds availability in the Employee Benefits Fund.

SECTION 4. The financial allocations in this Ordinance are subject to approval by the Deputy Chief Financial Officer, City of San Antonio. The Deputy Chief Financial Officer may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific Cost Centers, WBS Elements, Internal Orders, General Ledger Accounts, and Fund Numbers as necessary to carry out the purpose of this Ordinance.

SECTION 5. This Ordinance shall be effective immediately upon passage by eight affirmative votes; otherwise, it shall be effective on the tenth day after passage hereof.

PASSED AND APPROVED this 20th day of August, 2020.




M A Y O R
Ron Nirenberg

ATTEST:

APPROVED AS TO FORM:



Tina Flores, Acting City Clerk



Andrew Segovia, City Attorney



City of San Antonio

City Council
August 20, 2020

Item: 31

Enactment Number:
2020-08-20-0559

NAME	MOTION	SECOND	ABSTAIN	AYE	NAY	ABSENT
Roberto Treviño Council District 1				√		
Jada Andrews-Sullivan Council District 2	√			√		
Rebecca Viagran Council District 3				√		
Adriana Rocha Garcia Council District 4				√		
Shirley Gonzales Council District 5				√		
Melissa Cabello Havrda Council District 6				√		
Ana Sandoval Council District 7		√		√		
Manny Pelaez Council District 8						√
John Courage Council District 9				√		
Clayton Perry Council District 10				√		
Ron Nirenberg Mayor				√		

Comments:

Office of the City Clerk

KMC
08/20 /20
Item No. 31

EXHIBIT A

**PROFESSIONAL SERVICE AGREEMENT
FOR
ADMINISTRATION OF MEDICARE PREFERRED PROVIDER PROGRAM**

STATE OF TEXAS §
 §
COUNTY OF BEXAR §

This Agreement is made and entered into by and between the City of San Antonio (hereinafter referred to as "City"), a Texas municipal corporation, acting by and through its City Manager or designee pursuant to Ordinance passed and approved on _____, 2020, and Aetna Life Insurance Company (hereinafter referred to as "Vendor"), both of which may be referred to herein collectively as the "Parties".

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto collectively agree and by the execution hereof are bound to the mutual obligations herein contained and to the performance and accomplishment of the tasks hereinafter described.

I. DEFINITIONS

As used in this Agreement, the following terms shall have meanings as set out below:

"City" is defined in the preamble of this Agreement and includes its successors and assigns.

CMS" means the Centers for Medicare and Medicaid Services.

"CMS Contract" means the contract between Vendor and CMS under which Vendor offers the Plan.

"Vendor" is defined in the preamble of this Agreement and includes its successors.

"Director" shall mean the Director, or Acting Director, or designee of City's Human Resource Department.

"Mandates" means applicable laws, regulations and other government requirements in effect during the Term of this Group Agreement including, without limitation, applicable Medicare laws, regulations and CMS requirements.

"Member" is a Medicare beneficiary who (1) has enrolled in Our Plan and whose enrollment in the Plan has been confirmed by CMS, and (2) is eligible to receive coverage under the Plan, subject to the terms and conditions of the EOC and Schedule of Copayments/Coinsurance and this Group Agreement.

Plan Participants" are eligible City retirees, and their dependents for whom the Medicare Advantage Employer Preferred Provider Organization (PPO) is provided.

II. PURPOSE

- 2.1 The purpose of this Contract is to state the terms and conditions under which the Vendor shall provide or arrange health services as a Medicare Advantage Preferred Provider Organization Base Plan; Medicare Advantage Preferred Provider Organization Enhanced Plan and a Prescription Drug Plan for Medicare-eligible retirees of the City and their dependents ("Plan Participants").

III. SCOPE OF SERVICES

- 3.1 Vendor agrees to provide the services described in this Article III entitled Scope of Services and Request For Proposals (RFP) in exchange for the compensation described in Article V. Compensation.
- 3.2 Vendor shall work with the Director to ensure that all work performed by Vendor hereunder shall be performed to the satisfaction of Director or Assistant Director. The determination made by Director shall be final, binding and conclusive on all Parties hereto. City shall have the right to terminate this Agreement, in accordance with Article XVII. Termination, in whole or in part, should Vendor's work not be satisfactory to Director.
- 3.3 Vendor shall provide City retirees enrolled in Vendor's plan access to all health services and other special programs offered through the Vendor's Medicare Advantage Preferred Provider Organization (PPO) Plans.
- 3.4 Vendor will make coverage available for all eligible Medicare Retirees and their eligible Medicare dependents.
- 3.5 Vendor will have a process enrolling age-ins throughout the year.
- 3.6 Vendor will hold an annual meeting for retirees and dependents to enroll or change plans.
- 3.7 Vendor will develop, print and mail to the participant's home address all CMS-required information at enrollment and on an annual basis to include: Annual Notice of Change/Evidence of Coverage, Summary of Benefits. Vendor will provide Evidence of Coverage, Comprehensive Formulary and Provider/Pharmacy Directory online and mail upon participant request. The Vendor will provide materials in English and Spanish. The Vendor will provide a supply of materials to the City Employee Benefit Office to be used to provide to mid-year Enrollees.
- 3.8 Vendor will ensure ID cards are provided to a participant immediately via self-service web access or within five (5) working days of receiving any change request and two weeks prior to the start of each new plan year. The CMS Summary of Benefits must be developed and mailed to each participant as required by CMS. Material mailed to participating retirees shall be co-branded with official City logo as agreed.
- 3.9 Vendor will dedicate a local account management team. Assigned account representatives shall be available to the City Employee Benefits office personnel through a direct telephone number.

- 3.10 Vendor will have in place a plan for continuation of current treatment during transition.
- 3.11 Vendor will ensure properly staffed and supervised customer service representatives will be available to plan participants via a dedicated toll-free number. This number will be available by a live voice from minimum hours of 8:00 a.m. to 9:00 p.m. E.S.T. Monday through Friday.
- 3.12 Vendor will ensure that for each type of plan administered, the benefits will be interpreted and claims processed in accordance with the Evidence of Coverage.
- 3.13 Vendor will bill and collect monthly premium for enrolled retirees. The City will provide Vendor with retiree monthly premium rates and must receive all bills by the 18th day of each month. All applications for coverage must be routed to the vendor in order to obtain retiree share of premium. Retiree premium is based upon years of service. City will make Vendor aware of all retirees who will become eligible for coverage throughout the year.
- 3.14 Vendor's services include participant access to a 24/7 nurse advice line or tele-medicine service.
- 3.15 Vendor will maintain all electronic and manual claims data in accordance with the Texas state-mandated record retention schedule.
- 3.16 Vendor will provide the City advance copies of any correspondence sent to the general City retiree population or the covered Plan Participants.
- 3.17 Vendor will be responsible for generating communication materials for enrollment and group and/or one on one meetings with eligible retirees and dependents to explain plan coverage and facilitate enrollment.
- 3.18 No subcontractors or other service providers will be hired by the Vendor exclusively to support this contract with the City, without specific written approval of the City. The Vendor shall add no fees, charges or premiums for any subcontractors' services. Despite City approval of a subcontract, the City shall in no event be obligated to any third party, including any subcontractor of the Vendor for performance of work service.
- 3.19 In coordination with City staff, Vendor shall develop and oversee a detailed transition plan to be used at commencement of the contract; such plan shall result in no additional cost to the City.
- 3.20 Vendor may also be required to attend periodic key-stakeholder meetings.
- 3.21 Vendor will make available to the City its reporting package. Aggregate and individual plan reports will be provided on a monthly and quarterly basis in paper format and electronic access for ad hoc reporting will be available to the City at all times.
- 3.22 All management reports shall track claims data by retiree sub-totals, dependent sub-totals, and grand totals for each plan/product offered. There shall also be no charge to the City for any standard management report.

- 3.23 Vendor will provide the City with specific comprehensive experience reports quarterly and summary reports annually. In addition to standard reports, the Vendor will provide additional reports for data analysis purposes.
- 3.24 Vendor will provide a report reflecting Vendor's Star Reimbursement amount issued by the Center for Medicaid Services. Vendor will not pass on costs of a lowered reimbursement resulting from loss of Vendor's Star Reimbursement during any year of the contract. Premium renewals shall be based exclusively on experience rating at the group level.
- 3.25 Vendor will conduct an annual City member satisfaction survey and provide the results to the City no later than March 31 of the following calendar year. Vendor member satisfaction survey shall be specific to City of San Antonio retirees.
- 3.26 Vendor shall ensure HIPAA compliance and all Protected Health Information (PHI) contained in their files, recordings and written communication are secure.
- 3.27 Vendor will advise City of any change in participant's eligibility for coverage as a result of death, divorce, or mid-year termination in coverage.
- 3.28 Vendor agrees to the following performance guarantees in connection with the implementation of services and for those services that are to be provided on an ongoing basis for the life of the contract. Vendor will conduct quarterly internal audits and report the results to the City for use in enforcing performance guarantees. Performance Guarantee results will be based on our book of business and measured on an annual basis.
- 3.28.1 Claims Payment Accuracy: Aetna agrees to a financial accuracy rate of 97% or greater. Financial accuracy rate is defined as the percentage of dollars paid correctly, calculated by dividing the total claim dollars paid less the absolute value of overpayments and underpayments by the total claims dollars paid. Data should be obtained through ongoing random audits based on a statistically valid sampling of all claims represented for payment.
- 3.28.2 Telephone Response Time: 85% or greater of calls will be answered in 30 seconds.
- 3.28.3 Abandonment Rate: 3% or less of calls will be hung up or ended before reaching Customer Service.
- 3.29 Vendor shall allow at the City's request, City or its designee to audit, examine and make reports and/or copies of all or any financial and eligibility records maintained by Vendor related to this contract.
- 3.30 Vendor shall offer the SilverSneakers® program. Under this program Members get a monthly membership at any one of thousands of participating fitness clubs and facilities nationwide. Plan members that don't live near a participating facility or who prefer to exercise at home may order a SilverSneakers Steps at-home kit. Members are also entitled to SilverSneakers-specific classes and social programs.

IV. TERM

- 4.1 Unless sooner terminated in accordance with the provisions of this Agreement, the term of this Agreement shall commence 12:01 a.m. Central Standard Time on January 1, 2021 and terminate at 11:59 p.m. Central Standard Time on December 31, 2023.

- 4.2 City shall have the option to renew this Agreement on the same terms and conditions for two additional one (1) year periods. Renewal with renewal rates shall be in writing and signed by the City's Director of Human Resources without further action by the San Antonio City Council, subject to and contingent upon appropriation of funds therefore. Renewal rates will be provided for year 2 and beyond will be calculated in part on City's actual claims experience.
- 4.3 If funding for the entire Agreement is not appropriated at the time this Agreement is entered into, City retains the right to terminate this Agreement at the expiration of each of City's budget periods, and any subsequent contract period is subject to and contingent upon such appropriation.

V. COMPENSATION TO VENDOR

- 5.1 In consideration of Vendor's performance in a satisfactory and efficient manner, as determined solely by Director, of all services and activities set forth in this Agreement, City agrees to pay Vendor the monthly premiums for each covered City plan participant in accordance with the following premium fee schedule:

	Year 1	Year 2	Year 3	Year 4	Year 5
Fully-Insured Medicare Advantage Base (PO1) ESA MAPD	\$77.50	84.50	\$91.50	MBR Guarantee	MBR Guarantee
Full-Insured Medicare Advantage Enhanced (CO40 esa MAPD	\$184.40	\$191.40	\$198.40	MBR Guarantee	MBR Guarantee
Medicare Pharmacy Only	\$90.00	\$97.00	\$104.00	N/A	N/A
Total					

Extra Services Provided					
Transportation 40 one-way trips/unlimited miles	Included				
Fitness Benefit – Silver Sneakers	Included				
Meal Delivery Program – 14 Meals	Included				
Health Rewards	Included				
Hearing aids \$500 every 36 months	Included				
Podiatry Enhanced Plan: <ul style="list-style-type: none"> Podiatry for non-Medicare services Reduction of nails (including mycotic nail) Removal of corns and calluses No limit on visits 	Included (Enhanced Plan Only)				

- 5.2 Vendor acknowledges and agrees the City does not guarantee a minimum participation in the plan. Retirees may transfer between plans during annual enrollment with an effective date of January 1st with no pre-existing condition clause.
- 5.3 Vendor acknowledges and agrees the City considers premiums due as follows:
- Premium is paid on a retiree for that month only if the retiree is enrolled on the first of that month.
 - Coverage terminates on the last day of the month for which the retiree pays the retiree contribution for coverage.
 - The City pays City contributions in arrears within 15 business days from the end of the month.
 - In all cases, the Vendor will extend coverage through the period for which premium is paid based on the above termination rules even though the retiree and/or dependent may not otherwise be eligible for coverage.
- 5.4 City shall remit City contribution payments based on the monthly enrollment in accordance with the above rate structure as provided for in 5.1.
- 5.5 Vendor will accept eligibility files from the City via electronic transfer using an FTP server. All data transfers will be completed in compliance with HIPAA standards.
- 5.6 The City will remit via wire transfer City contributions within 15 days from the end of each month. A corresponding self-bill will be sent via email to the Respondent showing the total premium and eligibility counts for each plan and coverage tier. The City shall be deemed to have paid the Vendor in full for any given calendar quarter if the paid premium equals that due for the enrollee count calculated by the City for such plan for such quarter, provided such count is within three percent variance (higher or lower) of the employee enrollee count the Respondent's records reflect for such plan for such quarter. In any month the Vendor believes the variance exceeds the 3% threshold, a discrepancy report should be provided to The City within 15 days of receipt of the City's payment that month. The City shall have 15 days from the date of receipt to evaluate and respond to the discrepancy report.
- 5.7 Within 45 days after the end of each calendar quarter, the Vendor must provide the City with a Consolidated Account Summary Statement showing the status of the City account as Paid in Full, Overpaid or Underpaid. Statements, which are not deemed Paid in Full, should be accompanied by a detailed discrepancy report.
- 5.8 Vendor may not use any City-provided eligibility files for the purposes of marketing, solicitation or any other communication to City retirees not necessary for the effective administration of the specific plan provided to City retirees by the Vendor.
- 5.9 Enrollment forms must be generic forms and a supply must be available to the COSA benefit office staff at all times. The City will not be required to provide Vendor with a listing of City retirees eligible for benefits.

- 5.10 City subsidizes different amounts based on retirees' years of service to the City. The City does not consider any retiree's eligibility for the Part D Low-Income Subsidy when setting or administering City contribution subsidies. The premiums quoted by Vendor for this Contract are inclusive of Medicare Part C and D coverage. There is no separate Part D contribution. Vendor will be responsible for applying any direct subsidy payments received by CMS for a City retiree to reduce the amount that the retiree pays. City will coordinate with Vendor for distribution of any direct CMS subsidies received.

VI. CHANGE IN SERVICES

- 6.1 Except when the terms of this Contract expressly provide otherwise, any alterations, additions, or deletions to the terms hereof shall be by amendment in writing and executed by both the Director and the Vendor, dated subsequent to the date hereof and without the need for further council action.
- 6.2 It is understood and agreed by the parties hereto, that changes in local, state and federal rules, regulations or laws applicable hereto, may occur during the term of this Contract and that any such changes shall be automatically incorporated into this Contract without written amendment hereto and shall become a part hereof as of the effective date of the rule, regulation or law. The Vendor expressly agrees to comply with all applicable federal state and local laws.

VII. RIGHT OF REVIEW AND AUDIT

- 7.1 The Vendor and its subcontractors, if any, shall properly, accurately, and completely maintain all books, documents, papers, accounting records, and other evidence pertaining to financial and eligibility records for work performed under this Contract and shall make such materials available at their respective offices once annually at mutually agreeable times during the Contract period and any extension or renewal hereof for the purpose of accounting and audit inspections by the City and any of its authorized representatives to audit, and examine such materials. This provision shall not be construed as providing or permitting the City or any of its authorized representatives access to audit, examine, inspect or make copies of any books or records, or portions thereof, of Vendor's records containing individually identifiable medical or health care information pertaining to plan participants.

VIII. SUBCONTRACTING

- 8.1 Any other clause of this Contract to the contrary notwithstanding, neither this Contract nor any of the work or services covered by this Contract shall be subcontracted to another health maintenance organization or insurance carrier without the City's prior written approval unless such health maintenance organization or insurance carrier is an affiliate of the Vendor. However, Vendor may in its discretion utilize appropriate subcontractors to perform certain work or services covered by this Contract, provided that any work or services shall be subcontracted only by written contract that shall be subject by its terms to each and every applicable provision of this Contract. Compliance by subcontractors with this Contract shall be Vendor's responsibility.

- 8.2 Despite the City's approval of a subcontractor, the City shall in no event be obligated to any third party, including any subcontractor of the Vendor, for performance of work or services, nor shall City funds ever be used for payment of work or services performed prior to the date of Contract execution or extending beyond the expiration date of this Contract.

IX. CONFIDENTIAL WORK

- 9.1 No reports, information, project evaluation, project designs, data or any other documentation developed by, given to, prepared by, or assembled by the Vendor in connection with or in the course of performance of this Contract shall be disclosed or made available to any individual or organization by the Vendor without the express prior written approval of the City or unless such disclosure is required or permitted by law or accreditation standards; provided, however, Vendor may disclose such information to a subcontractor or affiliate of Vendor to the extent necessary for Vendor or its subcontractor or affiliate to perform the work and services required under this Contract.
- 9.2 In order to use any advertising relating to business underwritten and/or developed for City, Vendor must obtain approval by City at least ten (10) business days prior to such use.
- 9.3 The Vendor shall establish a method to secure the confidentiality of records and information, including, but not limited to, records and information of the City and medical records of plan participants, to which the Vendor may have access in accordance with the applicable federal, state, and local laws and regulations. The City acknowledges and agrees that the City shall not be given access by Vendor to any confidential medical records and information of plan participants unless such access or disclosure is expressly authorized in writing by the plan participants. This provision shall not be construed as limiting the City's or its authorized representatives' right of access to records concerning eligibility or financial information under Section 3.21 of this Contract.

X. RETENTION OF RECORDS

- 10.1 Vendor acknowledges that City is subject to the Texas Public Information Act and agrees that if the Vendor receives any request from any third party for documents or information within its possession pertaining to performance of this Contract which falls within the Texas Public Information Act, the Vendor shall immediately forward such request to the City for disposition.
- 10.2 Vendor shall retain all records, reports, documents, information and other data developed by, given to, prepared or assembled by the Vendor in connection with the performance of this Contract and/or which are owned by or to which the City has access, for the retention periods set forth in the Texas Public Information Act and other applicable state and federal laws, including but not limited to HIPAA.

XI. OWNERSHIP OF DOCUMENTS

- 11.1 Any and all Customized writings, documents or information in whatsoever form and character produced by Vendor, or pursuant to the provisions of this Agreement, excluding

claims or patient management information, is the exclusive property of City, and no such writing, document or information shall be the subject of any copyright or proprietary claim by Vendor. For purposes of this agreement, "Customized" means (i) based on the City's written specifications, (ii) paid for separately by the City to Vendor, and (iii) pursuant to a written statement of work signed by both parties.

XII. NON-WAIVER

- 12.1 The waiver by City of any one or more defaults by Vendor shall not be construed as a waiver of any other or future defaults, under the same or different terms, conditions or covenants contained in this Contract.

XIII. INSURANCE REQUIREMENTS

A) Prior to the commencement of any work under this Agreement, Vendor shall furnish copies of all required endorsements and completed Certificate(s) of Insurance to the City's Risk Management Department, which shall be clearly labeled "Aetna Medicare Retiree Contract" in the Description of Operations block of the Certificate. The Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The City will not accept a Memorandum of Insurance or Binder as proof of insurance. The certificate(s) must be signed by the Authorized Representative of the carrier, and list the agent's signature and phone number. The certificate shall be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative to the City. The City shall have no duty to pay or perform under this Agreement until such certificate and endorsements have been received and approved by the City's Risk Management Department. No officer or employee, other than the City's Risk Manager, shall have authority to waive this requirement.

B) The City reserves the right to review the insurance requirements of this Article during the effective period of this Agreement and any extension or renewal hereof and to modify insurance coverages and their limits when deemed necessary and prudent by City's Risk Manager based upon changes in statutory law, court decisions, or circumstances surrounding this Agreement. In no instance will City allow modification whereby City may incur increased risk.

C) A Vendor's financial integrity is of interest to the City; therefore, subject to Vendor's right to maintain reasonable deductibles, Vendor shall obtain and maintain in full force and effect for the duration of this Agreement, and any extension hereof, at Vendor's sole expense, insurance coverage written on an occurrence basis, unless otherwise indicated, by companies authorized to do business in the State of Texas and with an A.M Best's rating of no less than A-(VII), in the following types and for an amount not less than the amount listed below:

<u>TYPE</u>	<u>AMOUNTS</u>
1. Workers' Compensation*	Statutory
2. Employers' Liability	\$1,000,000/\$1,000,000/\$1,000,000
3. Commercial General Liability Insurance to include coverage for the following: a. Premises/Operations	For <u>Bodily Injury</u> and <u>Property Damage</u> of \$1,000,000 per occurrence; \$2,000,000 General Aggregate, or its

b. Products/Completed Operations c. Personal/Advertising Injury d. Contractual Liability	equivalent in Umbrella or Excess Liability Coverage
4. Business Automobile Liability a. Owned/leased vehicles b. Non-owned vehicles c. Hired Vehicles	<u>Combined Single Limit for Bodily Injury and Property Damage</u> of \$1,000,000 per occurrence
5. Professional Liability (Claims-made Coverage)	\$1,000,000 per claim damages by reason of any act, error, or omission in the professional service.
6. Cyber Liability	<u>\$1,000,000 per claim</u> <u>\$2,000,000 general aggregate, or its equivalent</u>

D) Vendor agrees to require, by written contract, that all subcontractors providing goods or services hereunder obtain adequate insurance coverage commensurate to the Scope of Work performed, and provide a certificate of insurance and endorsement that names the Vendor and the CITY as additional insureds. Policy limits of the coverages carried by subcontractors will be determined as a business decision of Vendor. Respondent shall provide the CITY with said certificate and endorsement prior to the commencement of any work by the subcontractor. This provision may be modified by City's Risk Manager, without subsequent City Council approval, when deemed necessary and prudent, based upon changes in statutory law, court decisions, or circumstances surrounding this agreement. Such modification may be enacted by letter signed by City's Risk Manager, which shall become a part of the contract for all purposes.

E) As they apply to the limits required by the City, the City shall be entitled, upon request and without expense, to receive copies of the declaration page and all required endorsements. Vendor shall be required to comply with any such requests and shall submit requested documents to City at the address provided below within 10 days. Vendor shall pay any costs incurred resulting from provision of said documents.

City of San Antonio
Attn: Risk Management
P.O. Box 839966
San Antonio, Texas 78283-3966

F) Vendor agrees that with respect to the above required insurance, all insurance policies are to contain the following provisions:

- Include the City, its officers, officials, employees, volunteers, and elected representatives as additional insureds by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the City, with the exception of the workers' compensation and professional liability policies;

- Provide for an endorsement that the “other insurance” clause shall not apply to the City of San Antonio where the City is an additional insured shown on the policy;
- Workers’ compensation, employers’ liability, general liability and automobile liability policies will provide a waiver of subrogation in favor of the City.
- Provide advance written notice directly to City of any suspension or non-renewal in coverage, and not less than ten (10) calendar days advance notice for nonpayment of premium.

G) Within a reasonable amount of days of a suspension, cancellation or non-renewal of coverage, Vendor shall provide a replacement Certificate of Insurance and applicable endorsements to City. City shall have the option to suspend Vendor’s performance should there be a lapse in coverage at any time during this contract. Failure to maintain the required insurance shall constitute a material breach of this Agreement.

H) In addition to any other remedies the City may have upon Vendor’s failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to order Vendor to stop work hereunder, and/or withhold any payment(s) which become due to Vendor hereunder until Vendor demonstrates compliance with the requirements hereof.

I) Nothing herein contained shall be construed as limiting in any way the extent to which Vendor may be held responsible for payments of damages to persons or property resulting from Vendor’s or its subcontractors’ performance of the work covered under this Agreement.

J) It is agreed that Vendor’s insurance shall be deemed primary and non-contributory as an additional insured with respect to any insurance or self-insurance carried by the City of San Antonio for liability arising out of operations under this Agreement.

K) It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in this Agreement and that no claim or action by or on behalf of the City shall be limited to insurance coverage provided.

L) Vendor and any Subcontractors are responsible for all damage to their own equipment and/or property.

M) Any and all employees, representatives, agents or volunteers of Vendor, while engaged in the performance of any work required by City in relation to this Agreement, shall be considered employees, representatives, agents or volunteers of Vendor only and not of City. Any and all claims that may result from any obligation for which Vendor may be held liable under any Workers’ Compensation, Unemployment Compensation or Disability Benefits law or under any similar law on behalf of said employees, representatives, agents or volunteers shall be the sole obligation and responsibility of Vendor.

XIV. INDEMNIFICATION

14.1 **VENDOR** covenants and agrees to **FULLY INDEMNIFY, DEFEND and HOLD HARMLESS**, the **CITY** and the elected officials, employees, officers, directors, volunteers and representatives of the **CITY**, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the **CITY** directly or indirectly arising out of, resulting from or related to **VENDOR'S** activities under this **CONTRACT**, including any acts or omissions of **VENDOR**, any agent, officer, director, representative, employee, Contractor or subcontractor of **VENDOR**, and their respective officers, agents, employees, directors and representatives while in the exercise of performance of the rights or duties under this **CONTRACT**. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of **CITY** arising out of or related to its activities under this **CONTRACT**, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. **IN THE EVENT VENDOR AND CITY ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CITY UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.**

14.2 The provisions of this **INDEMNIFICATION** are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity.

14.3 **VENDOR** shall advise the **CITY** in writing within 10 days of any claim or demand against the **CITY** or **CONTRACTOR** known to **VENDOR** related to or arising out of **VENDOR'S** activities under this contract.

XV. INDEPENDENT CONTRACTOR

15.1 It is expressly understood and agreed that the Vendor is and shall be deemed to be an independent contractor, responsible for its respective acts or omissions and that the City shall in no way be responsible therefore, and that neither party hereto has authority to bind the other or to hold out to third parties that it has the authority to bind the other.

15.2 Nothing contained herein shall be deemed or construed by the parties hereto or by any third party as creating the relationship of employer-employee, principal-agent, partners, joint venture, or any other similar such relationship, between the parties hereto.

15.3 Any and all of the employees of the Vendor, wherever located, while engaged in the performance of any work required by the City under this Contract shall be considered employees of the Vendor only, and not of the City, and any and all claims that may arise from the Workers' Compensation Act on behalf of said employees while so engaged shall be the sole obligation and responsibility of the Vendor.

15.4 The Vendor indemnifies, saves, and holds harmless the City against all claims, demands, actions or causes of action of whatsoever nature or character, as permitted by law, arising out of or by reason of the execution or performance of the work provided for herein in accordance with the provisions of Article XIV hereof and further agrees to defend, at its

sole cost and expense, any action or proceeding commenced for the purpose of asserting any Workers' Compensation claim of whatsoever character arising herein.

XVI. HIPAA COMPLIANCE

- 16.1 Vendor will maintain the confidentiality of all patient-identifiable health information specifically relating to Plan Participants ("Patient Health Information") in accordance with all applicable federal and state laws and regulations, including the Privacy Rule and the Security Rule of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as may be amended from time to time.

XVII. TERMINATION

- 17.1 For purposes of this Contract, "termination" of this Contract shall mean termination by expiration of the Contract term or earlier termination pursuant to any of the provisions hereof.
- 17.2 **TERMINATION BY NOTICE:** The Contract may be canceled by written notice from the Vendor pursuant to state and federal laws; it may be canceled by the City upon written notice, provided such notice specifies an effective date of termination, which shall be not less than thirty (60) calendar days nor more than ninety (90) calendar days from the date such notice is received by the other party. If the notice does not specify a date of termination, the effective date of termination shall be not less than thirty (60) calendar days after receipt of the notice by the other party. Any City funds held in any escrow account(s) shall be returned to the City within thirty (30) calendar days after the effective termination date.
- 17.3 **TERMINATION FOR CAUSE:** In all cases, other than non-payment of premium by the City, should either party default in the performance of any of the terms or conditions of this Contract, the other party shall deliver to the defaulting party written notice thereof specifying the matters on default. The defaulting party shall have thirty (30) calendar days after its receipt of the written notice to cure such default. If the defaulting party fails to cure the default within such thirty (30) day period, this Contract shall terminate at 11:59 p.m. on the thirtieth day after the receipt of the notice by the defaulting party.
- 17.4 **TERMINATION BY LAW:** If any state or federal law or regulation is enacted or promulgated which prohibits the performance of any of the duties herein or if any law is interpreted to prohibit such performance, this Contract shall automatically terminate as of the effective date of such prohibition.
- 17.5 **EFFECT OF TERMINATION:** The period between notice of termination and the effective date of termination shall be used to affect an orderly transfer of records and funds, if any, from the Vendor to the City or to such person(s) or firm(s) as the City may designate. Any records transfer shall be completed within fifteen (15) calendar days of the termination date. Any such transfer of records or funds shall be completed at the Vendor's sole cost and expense.
- 17.6 Within thirty (30) calendar days of the effective date of termination (unless an extension is authorized in writing by the City), the Vendor shall submit to the City, its claim, in

detail, for the monies owed by the City for services performed under this Contract through the effective date of termination.

- 17.7 Upon termination or cancellation of this Contract, the City may immediately commence audit of the Vendor's books, accounts, and records pertaining to eligibility and financial information. Within thirty (30) calendar days after being notified by the City of the results of said audit, the Vendor shall pay the City any amount shown by said audit to be owed the City or its employees. No waiver of existing default shall be deemed to waive any subsequent default. This provision shall not be construed as permitting the City or any of its authorized representatives access to audit or review any of Vendor's books or records, or portions thereof, containing individually identifiable medical or health care information pertaining to plan participants.

XVIII. CONFLICT OF INTEREST

- 18.1 Vendor acknowledges that it is informed that the Charter of the City of San Antonio and its Ethics Code prohibit a City officer or employee, as those terms are defined in Section 2-52 of the Ethics Code, from having a financial interest in any contract with the City or any City agency such as city owned utilities. An officer or employee has a "prohibited financial interest" in a contract with the City or in the sale to the City of land, materials, supplies or service, if any of the following individual(s) or entities is a party to the contract or sale: a City officer or employee; his parent, child or spouse; a business entity in which the officer or employee, or his parent, child or spouse owns ten (10) percent or more of the voting stock or shares of the business entity, or ten (10) percent or more of the fair market value of the business entity; a business entity in which any individual or entity above listed is a subcontractor on a City contract, a partner or a parent or subsidiary business entity.
- 18.2 Pursuant to the subsection above, Vendor warrants and certifies, and this contract is made in reliance thereon, that it, its officers, employees and agents are neither officers nor employees of the City. Vendor further warrants and certifies that it has tendered to the City a Discretionary Contracts Disclosure Statement in compliance with the City's Ethics Code.

XIX. NOTICE

- 19.1 Any notice required or permitted to be given under this Contract shall be sufficient if given in writing and sent by Certified Mail, return receipt requested, postage prepaid to the City or to the Vendor at the addresses set forth below or to any other address of which written notice of change is given:

CITY

**City of San Antonio
Human Resources Department
Employee
Benefits Division
111 Soledad
San Antonio, Texas 78205**

AND

City Clerk
City of San Antonio
P. O. Box 839966
San Antonio, Texas 78283-3966

VENDOR

Aetna Life Insurance Company
151 Farmington Ave
Hartford, CT 06156

XX. CAPTIONS

- 20.1 The captions to the various clauses of this Contract are for convenience or reference purposes only and shall in no way limit, enlarge or alter the substance of the terms and conditions of this Contract.

XXI. SUCCESSORS AND ASSIGNS

- 21.1 This Contract shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and their assigns, except as otherwise expressly provided for herein.

XXII. VENUE AND GOVERNING LAW

- 22.1 Venue of any court action brought directly or indirectly by reason of this Contract shall be in Bexar County, Texas. This Contract is made and is to be performed in Bexar County, Texas, and is governed by the laws of the State of Texas.

XXIII. INTELLECTUAL PROPERTY

23.1 Vendor shall pay all royalties and licensing fees. Vendor shall hold City harmless and indemnify the City from the payment of any royalties, damages, losses or expenses including attorney's fees for suits, claims or otherwise, growing out of infringement or alleged infringement of copyrights, U.S. patents, and trademarks, used in the project (collectively, "Intellectual Property Rights"). It shall defend all suits for infringement of any Intellectual Property rights. Further, if Vendor has reason to believe that the design, service, process or product specified is an infringement of an Intellectual Property right, it shall promptly give such information to City.

23.2 Upon receipt of notification that a third party claims that the program(s), hardware or both the program(s) and the hardware infringe upon any United States patent or copyright, Vendor will immediately obtain at Vendor's sole expense, the necessary license(s) or rights that would allow the City to continue using the programs, hardware, or both the programs and hardware, as the case may be.

23.3 Vendor further agrees to assume the defense and costs of any claim, suit, or proceeding brought against the City for infringement of any United States patent or copyright arising from the use and/or sale of the equipment or software under this agreement and will indemnify the City against any monetary damages awarded in such suit

XXIV. ENTIRE AGREEMENT

24.1 This Contract, including the Exhibits and plan designs incorporated by reference, embodies the final and entire agreement of the parties hereto, superseding all verbal or written agreements, previous and/or contemporaneous agreements between the parties and relating to matters in this Contract. No other agreements, verbal or otherwise, regarding the matters of this Contract shall be deemed to exist or to bind the parties hereto unless same be in writing, dated subsequent to the date hereof, and executed by the parties hereto.

XXV. INCORPORATION OF EXHIBITS

25.1 Each of the Exhibits listed below is an essential part of this Contract, which governs the rights and duties of the parties, and shall be interpreted in the order of priority as appears below:

Exhibit A – City’s Request for Proposals

Exhibit B- Vendor’s Proposal

Exhibit C- Schedule of Copayments/Coinsurance

In the event of conflict between this contract and the exhibits listed above, the provisions of this contract shall govern.

XXVI. LEGAL AUTHORITY

26.1 The signer of this Contract for the Vendor represents, warrants, assures, and guarantees full legal authority to execute this Contract on behalf of the Vendor and to bind the Vendor to all the terms, conditions, provisions and obligations herein contained.

XXVII. GENDER

27.1 Words of any gender used in this Contract shall be held and construed to include any other gender, and words in the singular number shall be held and construed to include plural, unless the context otherwise requires.

XXVIII. SEVERABILITY

28.1 If any clause or provision of this Contract is held invalid, illegal, or unenforceable under present or future federal, state or local laws, including, but not limited to the City Charter, City Code or Ordinances of the City of San Antonio, Texas, then, and in that event, it is the intention of the parties hereto that such invalidity, illegality or unenforceability shall

not affect any other clause or provision hereof and that the remainder of this Contract shall be construed as if such invalid, illegal or unenforceable clause or provision was never contained herein. It is also the intention of the parties hereto that in lieu of each clause or provision of this Contract that is invalid, illegal or unenforceable, there be added as part of the Contract, a clause or provision as similar in terms to such invalid, illegal or unenforceable clause or provision as may be possible, legal, valid and enforceable.

XIX. CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) REQUIREMENTS

- 29.1 Vendor and City will abide by all applicable Federal and State laws and regulations and CMS instructions. All of the information City agrees that it will submit to Vendor for submission to CMS under this program shall be accurate, complete, and truthful.
- 29.2 Vendor and City will abide by State and Federal privacy and security requirements, including the confidentiality and security provisions stated in the Medicare regulations for this program.
- 29.3 Vendor and City will ensure that Enrolled Members are not held liable for fees that are the liability of Vendor or City.
- 29.4 City and Vendor agree that any delegated activity under this Contract shall be in accordance with all Medicare requirements; and any books, contracts, records, including medical records and documentation relating to the Part D program will be provided directly to CMS or its designees. In the event that Vendor or CMS determines that City or Vendor has not performed satisfactorily under this contract, the non breaching party or CMS may revoke any of the activities or reporting responsibilities delegated under this Contract.
- 29.5 **Records.** (A) Furnish to Vendor on a monthly basis (or as otherwise required), on Vendor form (or such other form as Vendor may reasonably approve) by facsimile (or such other means as Vendor may reasonably approve), such information as Vendor may reasonably require to administer this Contract. This includes, but is not limited to, information needed to enroll Members of the City, process terminations, and effect changes in family status and transfer of employment of Members.

City certifies, based on best knowledge, information and belief, that all enrollment and eligibility information that has been or will be supplied to Vendor is accurate and complete. City acknowledges that Vendor can and will rely on such enrollment and eligibility information in determining whether an individual is eligible for Covered Benefits under this Contract. To the extent such information is supplied to Vendor by City (in electronic or hard copy format), City agrees to:

(B) **Maintenance of Information and Records.** City agrees to maintain Information and Records (as those terms are defined in the Access to Information and Records Section below) in a current, detailed, organized and comprehensive manner and in accordance with Mandates, and to maintain such Information and Records for the longer of: (i) a period of ten (10) years from the end of the final contract period of any government contract of Aetna to offer an Aetna Medicare PPO plan, (ii) the date the U.S.

Department of Health and Human Services, the Comptroller General or their designees complete an audit, or (iii) the period required by Mandates. This Provision shall survive the termination of this Contract, regardless of the cause of the termination.

(C) **Access to Information and Records.** City agrees to provide Vendor and federal, state and local governmental authorities having jurisdiction, directly or through their designated agents (collectively "Government Officials"), upon request, access to all books, records and other papers, documents, materials and other information (including, but not limited to, contracts and financial records), whether in paper or electronic format, relating to the arrangement described in this Group Agreement ("Information and Records"). City agrees to provide Aetna and Government Officials with access to Information and Records for as long as it is maintained as provided in "Information and Records" Section above. City agrees to supply copies of Information and Records within fourteen (14) calendar days of City's receipt of the request, where practicable, and in no event later than the date required by Mandates. This provision shall survive termination of this Contract, regardless of the cause of termination.

- 29.6 Vendor and City will ensure that Enrolled Members are not held liable for fees that are the responsibility of City. City agrees that in no event, including, but not limited to, nonpayment by City, City's insolvency, or breach of the Contract with Vendor, shall City, or its subcontractors, bill, charge, or collect a deposit from, seek compensation, remuneration, reimbursement or payment from, or have recourse against, Enrolled Members for covered services provided pursuant to this Contract.
- 29.7 Vendor retains ultimate responsibility with complying with the term of its contract with CMS.
- 29.8 Vendor retains the right to approve, suspend, or terminate any arrangement with a participating provider.
- 29.9 City shall not employ or contract for the provisions of services under this Contract with any individual with whom City is aware of or has knowledge of that is excluded from participation in the Medicare and Medicaid program under Section 1128 or 1128A of The Social Security Act.
- 29.10 City is on notice that payments under the Medicare Advantage Contract with CMS to Vendor are made, in whole or in part, from Federal funds.
- 29.11 City agrees that its activities under the Contract, after identification by Vendor of such specific duties, will be consistent and comply with Vendor's contractual obligations Vendor has with CMS to the extent applicable under the law and as mutually agreed upon by Parties.
- 29.12 The provisions of this section shall be automatically amended to conform with the requirements of applicable law, regulations and CMS instructions.
- 29.13 **Membership Adjustments.** Vendor may, at Vendor discretion, make retroactive adjustments to the City's billings for the termination of Members not posted to previous billings. However, City may only receive a maximum of 1 billing period credit for Member terminations that occurred more than 30 days before the date City notified

Vendor of the termination. City is not obligated for retroactive payment for circumstances for which the City had no knowledge of coverage termination.

- 29.14. **Written Notice to Members.** City will provide Members with written notice describing any changes made to Premiums at least thirty (30) days prior to the effective date of such change(s) or as required under Mandates. City will provide Members with any written notice required under Mandates or Policies and Procedures. The written notices described in this Section are hereinafter collectively referred to as the "Written Notices". If City does not distribute Written Notices to Members as required under this Section, City will be liable for payment of all Premiums or other costs incurred by Vendor as a result of City's failure to distribute the Written Notices. If City does not distribute the Written Notices as required under this Section, Vendor may, in its discretion, distribute such Written Notices to Members, and City shall reimburse Vendor for any expenses incurred by Vendor in connection with such distribution.

City acknowledges that CMS requires that all Members receive from Vendor a combined ANOC and EOC no later than the sooner of: (1) fifteen (15) days prior to the Open Enrollment Period, (2) September 30th of each calendar year, or (3) such shorter timeframe required under Mandates.

- 29.15 **Enrollment & Disenrollments Transactions.**

(A) **Generally.** To the extent that City directly accepts enrollment and/or disenrollment requests from Members that City forwards to Vendor for processing and submission to CMS, City agrees to comply with all Mandates that relate to the handling and processing of enrollment and disenrollment requests that apply to the Plan ("Enrollment/Disenrollment Requirements"), including, without limitation, all Enrollment/Disenrollment Requirements that relate to the timeframes that apply to handling, processing and submission of enrollment and disenrollment requests for the Plan. City agrees to forward enrollment and disenrollment forms completed by Members to Vendor no later than ninety (90) days after the Member's coverage effective date. City acknowledges that if there is a delay between the time a Member submits an enrollment/disenrollment request to City and when the enrollment/disenrollment request is received by Vendor, the enrollment/disenrollment transaction may not be processed by CMS, unless Vendor requests and CMS approves a retroactive enrollment/disenrollment transaction for the Member. City further acknowledges that Vendor, in its sole discretion and judgment, will determine whether to submit retroactive enrollment and disenrollment transaction requests to CMS, and will make such determinations in accordance with Mandates.

City acknowledges that, per Enrollment/Disenrollment Requirements, the effective date of enrollments and disenrollments in the Plan cannot be earlier than the date the enrollment or disenrollment request was completed by a Member. If approved by CMS, the effective date of an enrollment or disenrollment may be retroactive up to, but may not exceed, ninety (90) days from the date that Aetna received the enrollment or disenrollment request from City, and the enrollment or disenrollment form must be completed and signed by the Member prior to the requested enrollment or disenrollment effective date.

City acknowledges that CMS does not permit City to retroactively terminate a Member's coverage under the Plan if the Member no longer meets City's eligibility criteria to

remain enrolled in the Plan. To meet these CMS requirements, City agrees to provide Vendor with advanced written notice if City chooses to terminate a Member's coverage under the Plan based on loss of eligibility, and City acknowledges that the Member's coverage termination effective date will be determined in accordance with Mandates.

All of the requirements described in this Section also apply equally to any third party administrator or other entity retained by City to accept and/or process enrollment/disenrollment requests for the Plan from Members on City's behalf.

(B) Notice to Members. CMS requires that Vendor provide written notice to all Members confirming their enrollment in or disenrollment from the Plan from Aetna. The written notice sent by Aetna confirming a Member's disenrollment from the Plan must describe how the Member can contact Medicare for information about other Medicare Advantage or Medicare Prescription Drug plan options that may be available to the Member.

If City elects to change the Plan coverage offered to a Member or terminate a Member's coverage under the Plan, the City must provide written notice to the Member at least twenty-one (21) calendar days prior to the effective date of the change in the Member's coverage or disenrollment from the Plan, as applicable. This written notice to Members must include a description of how the Member can contact Medicare to obtain information regarding other Medicare Advantage plans or Medicare Prescription Drug plan options that may be available to the Member.

We reserve the right to notify Members of the involuntary termination of their coverage under this Contract for failure to pay premiums.

29.16 **Claim Determinations and Administration of Covered Benefits.** We have complete authority to review all claims for Covered Benefits as defined in the EOC and Schedule of Copayments/Coinsurance under this Contract. In exercising such responsibility, Vendor shall have discretionary authority to determine whether and to what extent eligible individuals and beneficiaries are entitled to coverage and to construe any disputed or doubtful terms under this Contract, the EOC and Schedule of Copayments/Coinsurance or any other document incorporated herein. We shall be deemed to have properly exercised such authority unless Vendor abuse Vendor discretion by acting arbitrarily and capriciously. Vendor's review of claims may include the use of commercial software (including Claim Check) and other tools to take into account factors such as an individual's claims history, a provider's billing patterns, complexity of the service or treatment, amount of time and degree of skill needed and the manner of billing. The administration of Covered Benefits and of any appeals filed by Members related to the processing of claims for Covered Benefits shall be conducted in accordance with the EOC and any Mandates.

29.17 **Medicare Secondary Payer Requirements.**

- Generally. Vendor and City agree to comply with all Medicare Secondary Payer ("MSP") Mandates that apply to City, the Plan and Vendor ("MSP Requirements").
- MSP Requirements Applicable to Medicare Beneficiaries Diagnosed with End Stage Renal Disease ("ESRD"). Vendor and City agree to comply with all MSP Requirements applicable to City's active employees and retirees and their dependents

who are Medicare beneficiaries diagnosed with ESRD (“ESRD Beneficiaries” or “ESRD Beneficiary”), including, without limitation, those MSP Requirements set forth in 42 U.S.C. § 1395y(b)(1)(C), 42 C.F.R. §§ 411.102(a), 411.161, and 411.162 and 42 C.F.R. §§ 422.106 and 422.108 (“ESRD MSP Requirements”).

- City acknowledges and agrees that if an ESRD Beneficiary is eligible for or entitled to Medicare based on ESRD, the MSP Requirements require the commercial group health plan offered by Contract Holder (“GHP”) to be the primary payer for the first thirty (30) months of the ESRD Beneficiary’s Medicare eligibility or entitlement (“30-month coordination period”), regardless of the number of employees employed by City and regardless of whether the ESRD Beneficiary is a current employee or retiree.
- In furtherance of Vendor’s and City’s compliance with ESRD MSP Requirements, City agrees to confirm to Vendor whether ESRD Beneficiaries are in their 30-month coordination period, and not seek to enroll ESRD Beneficiaries in the Plan during their 30-month coordination period unless coverage under the GHP is maintained for such ESRD Beneficiaries for that period. If City seeks to enroll an ESRD Beneficiary in the Plan, City agrees to provide Vendor, upon request, with information or documentation to verify compliance with ESRD MSP Requirements, including any MSP reporting or other requirements established by CMS.

29.18 **Service Area Extension & Network Adequacy for Plan.** To enable employers/unions to offer group Medicare Advantage (“MA”) plans to all of their Medicare-eligible retirees/dependents wherever they reside, CMS has established a waiver of service area requirements (“Waiver”) for organizations that are approved by CMS to offer MA plans (“MAOs”). Under this Waiver, MAOs offering a group MA plan in a given service area, as defined by CMS (“Service Area”), can extend coverage to an employer/union sponsor’s Medicare-eligible retirees/dependents residing outside of that Service Area, even if the MAO does not offer a provider network for the group MA plan (“Provider Network”) that meets CMS network adequacy requirements in that Service Area (“Extended Service Area”).

Vendor and City agree that Vendor will use this Waiver to offer the Plan to Members who reside in an Extended Service Area. The Parties acknowledge that Vendor must meet certain CMS requirements to offer the Plan in an Extended Service Area, and these requirements include, but are not limited to, the following:

- all Members must receive the same Covered Benefits at the preferred in-network cost-sharing for all Covered Benefits.

The Parties agree to comply with all Mandates that apply to use of this Waiver. Further, Contract Holder acknowledges and agrees that: (1) Members who reside in an Extended Service Area do not have access to a Provider Network that meets CMS network adequacy requirements, and (2) health care providers and suppliers that are not contracted with Aetna to participate in the Provider Network are not required to accept the Plan and furnish Covered Benefits to Members who reside inside or outside of an Extended Service Area, except as required under Mandates. Failure to meet CMS requirements of this Waiver may result in termination of the Plan in Extended Service Areas.

EXECUTED and **AGREED** to as of the dates indicated below.

CITY OF SAN ANTONIO

AETNA LIFE INSURANCE COMPANY

Erik Walsh
City Manager

Richard Frommeyer
Richard A. Frommeyer
Vice President

Approved as to Form:

Krista Cover
Assistant City Attorney