



State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street

Concord, New Hampshire 03301

(603) 271-3201 | Office@das.nh.gov

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

September 30, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Administrative Services (DAS), Division of Risk and Benefits to exercise its option to amend and extend the existing contract with Anthem Health Plans of New Hampshire, Inc., d/b/a Anthem Blue Cross and Blue Shield (Anthem) (VC# 177335), Manchester, NH 03101-2000, by increasing the price limitation by \$57,779,000, bringing the total amount of the contract from \$73,221,000 up to an amount not to exceed of \$131,000,000 and to extend for one-year through December 31, 2027 to cover premiums for the fully-insured group Medicare Advantage and Prescription Drug Plan pursuant to RSA 21-I:30. The original contract was approved by the Governor and Executive Council on July 19, 2023 (Item #75) and amended on October 29, 2025 (Item#72). This second amendment will become effective upon Governor and Executive Council approval. **Approximately 64% General Funds, 1% Enterprise Funds, 13% Highway Funds, 1% Turnpike Funds and 21% Other Funds.**

Funding is available in the Employee Benefit Risk Management Fund contingent upon availability and continued appropriations for all fiscal years with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

01-14-14-140560-6650000 – Retirees; Class 102 - Contracts for Program Services

State Fiscal Year	Current Contract	Increase (Decrease) Amount	Amended Contract
2024	\$11,335,000	\$0	\$11,335,000
2025	\$22,876,000	\$0	\$22,876,000
2026	\$25,266,900	\$0	\$25,266,900
2027	\$13,743,100	\$28,889,500	\$42,632,600
2028	\$0	\$28,889,500	\$28,889,500
Total Medicare Advantage Premium Expense	\$73,221,000	\$57,779,000	\$131,000,000

EXPLANATION

The Commissioner of the Department of Administrative Services (DAS) is authorized under RSA 21-I:28 to enter into contracts with organizations necessary to administer and provide a health plan. DAS currently contracts with Anthem Health Plans of NH, Inc. (Anthem) (Governor and Council approval dated July 19, 2023, Item 75; amended October 29, 2025, Item 72) to provide a fully insured Group Medicare Advantage with Prescription Drug (MAPD) plan for more than 11,000 Medicare-eligible retirees, spouses, and dependents, pursuant to RSA 21-I:30. The Anthem contract expires December 31, 2026, and includes options for up to two additional renewal periods.

The purpose of this amendment is twofold: (1) To extend the contract with Anthem for one year to continue administration of the Medicare Retiree Health Benefit Plan, allowing DAS time to evaluate its procurement strategy and monitor the Medicare Advantage marketplace as it adapts to recent federal regulatory changes. (2) To revise the plan structure from the current combined MAPD plan to a separate Medicare Advantage medical-only (MA-only) plan paired with a standalone Prescription Drug Plan (PDP), or MA/PDP configuration. The key difference between these options is the level of federal funding provided by the Centers for Medicare & Medicaid Services (CMS), which applies distinct payment formulas, benchmarks, and risk-adjustment methodologies to each plan type. The separate MA/PDP structure receives higher federal funding, resulting in lower premiums compared to the combined MAPD plan.

Over the years, DAS has effectively contained rising retiree healthcare costs through strategic procurement and by maximizing federal funding. Since implementing a fully insured Medicare Retiree Health Benefit Plan in 2019, the State has realized approximately \$59.5 million in savings. However, recent federal changes are shifting more pharmacy costs to carriers while flattening the rates paid to them to cover beneficiaries. At the same time, overall healthcare costs continue to rise due to inflation, increased utilization of high-cost drugs, greater demand for medical services, technological advancements, and the effects of an aging population. These combined pressures significantly reduce DAS's ability to negotiate favorable rates and contribute to higher projected costs.

As market uncertainty increases and carriers assume greater financial risk, premiums have risen accordingly. The current contract with Anthem has provided the State some protection from this volatility by delaying premium increases. Monthly premiums remained stable at \$163 for calendar years 2024 and 2025, with Anthem holding rates flat in 2025 in recognition of prior-year pharmacy implementation issues. In 2026, the State saw its first premium increase since 2018, raising the monthly rate to \$220.

The monthly premium for the 2027 one-year renewal is \$406 per member, increasing the total contract price by \$57,779,000, including a contingency for enrollment. Through recent procurement activity, DAS confirmed that the \$406 premium reflects a competitive market rate for a MA/PDP with the State's plan design. Although this represents an increase of just under 50%, the 2027 rate remains less than ten percent higher than the monthly premiums paid in 2016 for the State's self-funded Medicare Retiree Health Benefit Plan.

Upon approval, DAS and Anthem will begin transitioning more than 11,000 retirees and spouses from the combined MAPD plan to the separate MA/PDP structure, in compliance with CMS notification and enrollment requirements. Because Anthem already maintains the member data, retirees will experience minimal change aside from receiving new ID cards effective January 1, 2027. This extension eliminates implementation risks associated with carrier transitions, such as changes to provider networks, pharmacy processes, and administrative requirements.

By amending and extending this contract with Anthem, retirees will continue to receive the same health benefits they have today. DAS, with assistance from Segal, the State Health Benefit Plan consultant, will also continue to monitor the market to sustain current benefit levels within the funds appropriated. Based on the foregoing, I respectfully recommend approval of this amendment with Anthem.

Respectfully submitted,



Charles M. Arlinghaus

**SECOND AMENDMENT TO THE FULLY INSURED MEDICARE ADVANTAGE GROUP
AGREEMENT
BETWEEN THE STATE OF NEW HAMPSHIRE AND ANTHEM BLUE CROSS AND BLUE
SHIELD OF NH
(2027 RENEWAL AMENDMENT)**

This 2027 Renewal Amendment ("Amendment") is entered into by and between the State of New Hampshire, acting through its Department of Administrative Services ("State"), and Anthem Health Plans of New Hampshire, Inc. d/b/a Anthem Blue Cross and Blue Shield ("Anthem"). The State and Anthem may each be referred to herein as a "Party" and collectively as the "Parties."

This Amendment modifies the Fully Insured Medicare Advantage Group Agreement between the Parties, including the State of New Hampshire General Provisions (Form P-37), Exhibit A, Exhibit B, Exhibit C, and Appendices I-IV, approved by the Governor and Executive Council on July 19, 2023 and amended October 29, 2025 (collectively, the "Agreement"). Capitalized terms not otherwise defined in this Amendment have the meanings set forth in the Agreement.

WHEREAS, the Agreement currently has an Agreement Period through December 31, 2026; and

WHEREAS, pursuant to Section 18 of the P-37 of the Agreement, the Agreement may be amended by an instrument in writing signed by the Parties and only after approval of such amendment by the Governor and Executive Council; and

WHEREAS, pursuant to Exhibit B, the Agreement permits the Parties, by mutual agreement and subject to approval by the Governor and Executive Council ("G&C"), to extend the Agreement Period for up to two additional years; and

WHEREAS, the Parties desire to exercise one year of that extension option and extend the Agreement Period through December 31, 2027, while preserving the ability to mutually agree to one additional extension year through December 31, 2028; and

WHEREAS, effective January 1, 2027, the Parties desire to convert the existing Medicare Advantage Prescription Drug ("MAPD") product to separate Medicare Advantage-only ("MA-only") and standalone Prescription Drug Plan ("PDP") products and to modify certain pricing and performance guarantee provisions of the Agreement as set forth herein.

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

1. **Extension of Agreement Period.** The Parties hereby exercise one year of the extension option under the Agreement, and the Agreement Period is extended through December 31, 2027. The Parties retain the option to extend the Agreement Period for one additional year, through December 31, 2028, only upon mutual written agreement of the Parties and approval by G&C. Nothing in this Amendment obligates either Party to agree to an extension beyond December 31, 2027.
2. **Amendment to General Provisions (Form P-37).**
 - a. Section 1.7, "Completion Date," is amended by deleting "December 31, 2026" and replacing it with "December 31, 2027."
 - b. Section 1.8, "Price Limitation," is amended by deleting "\$73,221,000" and replacing it with "\$131,000,000"
3. **2027 Product Structure.** For the period January 1, 2027 through December 31, 2027 (the "2027 Plan Year"), the existing MAPD product described in the Agreement shall be converted to separate MA-only and PDP products, as set forth in this Amendment and the

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2027 benefit and rate materials incorporated herein. For purposes of the 2027 Plan Year, references in the Agreement to the MAPD Plan or to integrated Medicare Advantage and Medicare Part D coverage shall, as applicable to the subject matter of the provision, be construed to refer to the MA-only Plan and/or PDP, except where this Amendment or the applicable product materials expressly provide otherwise.

For purposes of applying provisions of the Agreement that refer to the MAPD Plan or integrated Medicare Advantage and Medicare Part D coverage: (a) provisions relating to Medicare Part C, medical benefits, providers, medical claims, or medical management shall apply to the MA-only Plan; (b) provisions relating to Medicare Part D, prescription drug benefits, pharmacy claims, formularies, low-income subsidies, late enrollment penalties, or creditable coverage shall apply to the PDP; and (c) administrative provisions that reasonably relate to both products, including eligibility, enrollment data, notices, member services, reporting, audits, and performance guarantees, shall apply to each product to the extent applicable to that product. No provision shall be construed to impose a Medicare Part D requirement upon the MA-only Plan or a Medicare Part C requirement upon the PDP.

4. **Amendment to Article A2 of Section A of Exhibit B-Definitions.** The following definitions in Article A are amended or added as follows:

Agreement Period. The definition of “Agreement Period” is amended by replacing “December 31, 2026” with “December 31, 2027,” subject to the Parties’ remaining extension option through December 31, 2028, as provided in this Amendment.

Evidence of Coverage. For the 2027 Plan Year, “Evidence of Coverage” or “EOC” means, with respect to the applicable MA-only Plan or PDP, the Evidence of Coverage document and any endorsements or riders thereto that describe the Covered Services and benefits available under that product and the rights and responsibilities of the Member and the applicable product.

MA-only Plan. “MA-only Plan” means the fully insured Medicare Advantage-only Medicare Passive PPO provided under the Agreement for the 2027 Plan Year.

Member. For the 2027 Plan Year, “Member” means an Eligible Individual who is enrolled in the MA-only Plan and/or PDP, as applicable, and whose enrollment in the applicable Medicare product has been confirmed by CMS.

PDP. “PDP” means the standalone Medicare Part D prescription drug plan provided under the Agreement for the 2027 Plan Year.

Prescription Drug Coverage. For the 2027 Plan Year, “Prescription Drug Coverage” means the Medicare Part D prescription drug benefits provided through the PDP, together with any non-Medicare supplemental prescription drug coverage provided under the Agreement, as applicable.

5. **Amendment to Article A3 of Section A of Exhibit B – Implementation.** For purposes of the 2027 conversion from the MAPD Plan to the separate MA-only Plan and PDP, Article A3 is supplemented as follows. Consistent with Article A3.B, the Parties shall mutually agree upon a written implementation plan identifying the implementation activities applicable to each product, the Party responsible for each activity, applicable CMS dependencies, and the completion and go-live dates applicable to each activity.

Following execution of this Amendment by the Parties and receipt of G&C approval, the Parties may undertake, prior to January 1, 2027, those implementation activities identified in the mutually agreed implementation plan that are reasonably necessary and appropriate to support the January 1, 2027 implementation of the MA-only Plan and PDP.

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Such activities shall not cause the MA-only Plan or PDP, or any coverage, benefits, rates, enrollment, or other substantive plan terms, to become effective before January 1, 2027.

For clarity, the implementation and audit allowance described in Articles A3.D and A5.J has been exhausted shall not renew or reset as a result of the 2027 conversion.

6. **Amendment to Article B7 of Section B of Exhibit B – Termination.** Article B7.B is deleted in its entirety and replaced with the following:

B. The State must participate in both the MA-only Plan and the PDP and may not elect to terminate one plan without terminating the other. Termination or discontinuation of either the MA-only Plan or PDP for any reason shall automatically terminate both the State’s MA-only Plan and PDP and the Agreement, subject to termination rights and requirements set forth in the Agreement and applicable law. Termination of the Agreement for any reason shall automatically terminate both the MA-only Plan and PDP.
7. **Amendment to Exhibit C - Multi-Year Stipulations.** Items 19 and 20 of the Multi-Year Stipulations in Exhibit C are deleted in their entirety and replaced with the following:

19. The premiums for the MA-only and PDP products for the 2027 Plan Year shall be the premiums set forth in the applicable 2027 Rate Sheet(s) incorporated into this Amendment.

20. If the Parties mutually agree to extend the Agreement Period through December 31, 2028, the premiums for the MA-only and PDP products for the 2028 Plan Year shall be mutually agreed by the Parties in writing and reflected in an amendment to the Agreement. Applicable government-imposed taxes, assessments, surcharges, or fees may be added to the applicable quoted premium, as applicable.
8. **Amendment to Exhibit C - Performance Guarantees.** Except as expressly modified below, the Performance Guarantees set forth in Exhibit C shall remain in effect during the 2027 Plan Year. To the extent the Implementation and Go-Live Performance Guarantees apply to the conversion from the MAPD product to separate MA-only and PDP products, the aggregate amount at risk under all such Performance Guarantees shall not exceed \$200,000. The subsequent calendar day penalties set forth in the “Annual Fees at Risk” column for the Implementation and Go-Live Performance Guarantees are deleted and shall no longer apply under the Agreement. The initial fees at risk for those Performance Guarantees remain unchanged.
9. **2027 Benefits and Rates.** Effective January 1, 2027, the benefits and rates set forth in the attached 2027 MA-only and PDP Benefit Chart(s), Rate Sheet(s), and other applicable benefit and rate materials, incorporated herein by reference, shall apply for the 2027 Plan Year and shall replace and supersede the corresponding benefit and rate materials in effect under the Agreement immediately prior to the extension of the Agreement Period pursuant to this Amendment. The PDP premium reflected in the applicable Rate Sheet(s) shall be adjusted, as applicable, for Medicare Members who are eligible for the low-income subsidy or who have incurred a late enrollment penalty.
10. **Continuing Effect.** Except as expressly amended by this Amendment, all terms and conditions of the Agreement remain unchanged and in full force and effect.
11. **Conflict.** In the event of any conflict between the terms of this Amendment and the Agreement, the terms of this Amendment shall control.
12. **Incorporation.** This Amendment is incorporated into and made part of the Agreement for all purposes.

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13. **Effective Date.** This Amendment shall be effective January 1, 2027, subject to approval by G&C and satisfaction of any other approvals required under the Agreement or applicable law.

IN WITNESS WHEREOF, the Parties have executed this Amendment by their duly authorized representatives.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

By: 
Name: Charles Arlinghaus
Title: Commissioner
Date: 9.25.26

ANTHEM HEALTH PLANS OF NEW
HAMPSHIRE, INC.
d/b/a ANTHEM BLUE CROSS AND BLUE
SHIELD

By: 
Name: Maria M. Proulx
Title: President and GM
Date: September 25, 2026

STATE OF NEW HAMPSHIRE
DEPARTMENT OF JUSTICE

(Form, Substance, and Execution)

By: 
Name: J.D. LAVALLEE
Title: Sr. Asst. Attorney General
Date: 9-25-2026

APPROVED BY THE GOVERNOR AND EXECUTIVE COUNCIL OF THE STATE OF NEW HAMPSHIRE
ON:

Date: _____, item # _____

Office of the Secretary of State

Name and Title of SOS Signatory

State of New Hampshire Featured Plans and Rates

Effective: January 01, 2027 through December 31, 2027

MA Product	Custom Medicare Advantage PPO Plan 0PHD
PD Product	Custom 10/25/40_NoDed FG CMAXF PP (E3) ECDHLP SG
Members	11,163
MA Product Rate (monthly billed PMPM)	\$214.94
PD Product Rate (monthly billed PMPM)	\$191.06
Combined Total Rate (monthly billed PMPM)	\$406.00

The quoted rates are subject to the attached Assumptions and Conditions.

State of New Hampshire Assumptions & Conditions Effective 01/01/2027 through 12/31/2027

Regulatory

Rates, rate guarantees, and benefits may need to be revised based on the effects of legislative, regulatory or other actions including, but not limited to, CMS guidance which affects the quoted product years. This includes, but is not limited to, additional CMS guidance in the Part D plan as part of the Inflation Reduction Act (IRA), as well as the CMS annual notice of Capitation Rates and Payment Policies, and any benchmark changes, risk score actions, and/or changes in payment methodologies, including those impacting any of the product lines or combination of product lines (MA/PDP/MAPD) offered.

Plan parameters and formularies are approved by CMS on an annual basis and can change in January each year. All Part D plan changes, such as deductibles, copays, Part D and Senior Rx Plus drug coverage, may only be implemented on the group's original effective date and in January of each year thereafter.

CMS guidance prohibits pairing a network-based Medicare Advantage plan (HMO/LPPO) with an individual Part D plan. If the Group places either component of this offer with a different carrier, the Medicare Advantage carrier and the Part D carrier must coordinate care and operations as required by CMS, including coordination with Anthem to the extent Anthem serves as the Medicare Advantage carrier and/or the Part D carrier.

This quote is contingent upon the majority (51%) of the enrolled membership residing in an adequate network service area. The service area and plan design are subject to CMS approval.

Rates are subject to change based on impacts in any quoted year from adjustments from the CMS Final Rate Announcement and/or other CMS actions and Part D National Average Bid. Notwithstanding any other Assumptions and Conditions, in no event shall rates change mid-year.

Product Offering

Enrolled members are entitled to Medicare Part A and enroll in Part B.

Eligibility for coverage for subscribers and/or their dependents is based on the subscriber and/or dependents meeting the group's requirements for coverage of retirees' medical benefits.

This quote assumes Anthem will be the exclusive post-65 retiree offering. Furthermore, the quote assumes that State of New Hampshire will offer a single Anthem MA Product plan design and a single Anthem Part D Product plan design. Any additional plan selections will be subject to underwriting consideration and possible adjustments.

The group's eligibility policy does not allow for retirees to enroll in a group sponsored medical plan if the retiree has previously declined coverage.

The proposed rates apply only if both products are purchased for the contract period. Anthem may withdraw the offer or re-quote if the Group elects to purchase only one.

Operational

Contracted rates are on a Per-Member-Per-Month (PMPM) basis, with the total monthly charge determined by the number of enrolled members.

The group will contribute at least 90% of the premium. If the group's contribution varies from this amount, Anthem must be promptly notified and reserves the right to re-evaluate its underwriting position and potentially modify rates and rate guarantees.

Rates and rate guarantees assume the group/fund membership will not vary more than 10% from the quoted membership of 11,163 Medicare members.

Broker Commissions are excluded.

Plan change requests made within 45 days before either the effective date or the start of open enrollment may result in a rate adjustment.

Additional communications beyond those mandated by CMS or operationally required in accordance with Anthem standard processes, such as printed home mailers, may be subject to additional marketing communication charges to the group for development, fulfillment, and/or mailing.

This quote assumes co-branding (plan sponsor name and/or logo is allowed on member materials including Medicare Advantage plan quality and health programs).

This proposal expires upon Governor and Council approval or October 2, 2026, whichever occurs first.

Allowance Stipulations

Amounts are for a bona fide expense that benefits the member (better service or better member outcomes) and/or the Medicare program.

The expense is limited to the amount of the actual cost of the services incurred within six months before or after the initial effective date, not to exceed amounts listed in the proposal.

The expenses must be documented in detail from the consultant or 3rd party vendor and must be approved by Anthem as conforming to the requirements of the first Allowance stipulation above. The invoice cannot state "for services rendered" or similar, non-specific verbiage.

Anthem contracts with and pays the third party audit vendor directly for the expense.

For custom reporting requests, additional charges, if any, are determined by the complexity of the request, required production time, and frequency. These reports are subject to review using the HIPAA minimum necessary requirements.

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC. is a New Hampshire corporation registered on June 30, 1999. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.

Business ID: **320378**

Certificate Number: **0008030034**



IN TESTIMONY WHEREOF,

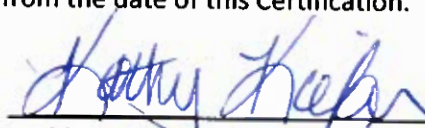
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of September A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal.

David M. Scanlan
Secretary of State

**CERTIFICATION
OF
KATHLEEN S. KIEFER, SECRETARY
ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.**

I, Kathleen S. Kiefer, Corporate Secretary of Anthem Health Plans of New Hampshire, Inc. certify that Maria M. Proulx is the President of Anthem Health Plans of New Hampshire, Inc. d/b/a Anthem Blue Cross and Blue Shield ("Anthem"), and as such President, and consistent with Anthem policies, has the signatory authority to bind Anthem in contracts with the State of New Hampshire. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein. This authority remains **valid for thirty (30) days** from the date of this Certification.

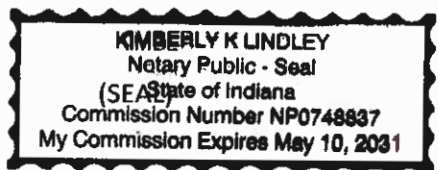


Kathleen S. Kiefer, Secretary

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

On this 23rd day of September 2026, before me, Kathleen S. Kiefer, the undersigned officer, personally appeared before me, who acknowledged herself to be the Corporate Secretary of Anthem Health Plans of New Hampshire, Inc., d/b/a Anthem Blue Cross and Blue Shield, a corporation, and that she, as such Corporate Secretary being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as Corporate Secretary.

IN WITNESS WHEREOF I hereunto set my hand and official seal.





Notary Public


Printed

My Commission Expires: May 10, 2031

My County of Residence: Hendricks



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 500 N. Brand Boulevard Suite 100 Glendale CA 91203	CONTACT NAME: Stephanie Powell PHONE (A/C, No, Ext): 818-539-1366 E-MAIL ADDRESS: Stephanie.Powell@ajg.com FAX (A/C, No): 818-539-1666
INSURED Elevance Health, Inc. and Its Subsidiaries Anthem Health Plans of New Hampshire, Inc. 2015 Staples Mill Road Richmond VA 23230	INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License#: 0D69293 ANTHINC-02	NAIC # 16535

COVERAGES**CERTIFICATE NUMBER:** 1669046087**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☒ LOC OTHER:			GLO 0853238-04	5/1/2026	5/1/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$25,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Per Occurrence Ded \$2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	WC929926925 EWS 5347154-21 WC 9376766-24	1/1/2026 1/1/2026 1/1/2026	1/1/2027 1/1/2027 1/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER MARSH USA LLC. 830 Brickell Plaza, Suite 3300 Miami, FL 33131	CONTACT NAME: Marsh PHONE (A/C, No, Ext): 305-341-5091 E-MAIL ADDRESS: MPLELV@Marsh.com	FAX (A/C, No):
CN101755324--Cyber-26-27	INSURER(S) AFFORDING COVERAGE INSURER A : Lexington Insurance Company	NAIC # 19437
INSURED Elevance Health, Inc. and Its Subsidiaries Anthem Health Plans of New Hampshire, Inc. 2015 Staples Mill Road Richmond, VA 23230	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:**

ATL-006073754-07

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Security & Privacy Liability Incl Media Content			015414115	03/31/2026	03/31/2027	Limit 10,000,000 SIR 25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Managed Care E & O Retentions: SIR Each & Every Claim: \$50,000,000

Named insured includes employees, directors, officers, medical directors and any individual duly authorized to conduct Managed Care Professional Services including Care Management and Utilization Management on behalf of the company.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

AGENCY MARSH USA LLC		NAMED INSURED Elevance Health, Inc. and Its Subsidiaries Anthem Health Plans of New Hampshire, Inc. 2015 Staples Mill Road Richmond, VA 23230
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

1st Excess
Insurer: Aspen American Insurance Company NAIC# 43460
Type of Insurance: Security & Privacy Liability Ins
Policy #: AY007YX26
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$10,000,000

2nd Excess
Insurer: Berkshire Hathaway Specialty Insurance Company NAIC# 22276
Type of Insurance: Security & Privacy Liability Ins
Policy #: 47EPP32742904
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$20,000,000

3rd Excess
Insurer: Starr Indemnity & Liability Company NAIC# 38318
Type of Insurance: Security & Privacy Liability Ins
Policy #: 1000635460261
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$30,000,000

4th Excess
Insurer: Westfield Select Insurance Company NAIC# 24112
Type of Insurance: Security & Privacy Liability Ins
Policy #: XCE309597K03
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$40,000,000

5th Excess
Insurer: Allied World Specialty Insurance Company NAIC# 16624
Type of Insurance: Security & Privacy Liability Ins
Policy #: 03112646
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$50,000,000

6th Excess
Insurer: Freedom Specialty Insurance Company NAIC# 22209
Type of Insurance: Security & Privacy Liability Ins
Policy #: XMF2610530
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$60,000,000

7th Excess
Insurer: ACE American Insurance Company NAIC# 22667
Type of Insurance: Security & Privacy Liability Ins
Policy #: G71581706002
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$70,000,000



ADDITIONAL REMARKS SCHEDULE

Page 3 of 4

AGENCY MARSH USA LLC		NAMED INSURED Elevance Health, Inc. and Its Subsidiaries Anthem Health Plans of New Hampshire, Inc. 2015 Staples Mill Road Richmond, VA 23230
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

8th Excess
Insurer: QBE Insurance Corporation NAIC# 39217
Type of Insurance: Security & Privacy Liability Ins
Policy #: 130004604
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$80,000,000

9th Excess
Insurer: Zurich American Insurance Company NAIC# 16535
Type of Insurance: Security & Privacy Liability Ins
Policy #: SPR631584504
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$90,000,000

10th Excess
Insurer: MARSH ECHO
Type of Insurance: Security & Privacy Liability Ins
Policy #: B0509CYBLY2650255
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$35,000,000 xs \$100,000,000

11th Excess
Insurer: Mosaic Services Bermuda Limited
Type of Insurance: Security & Privacy Liability Ins
Policy #: PCY2962226AA
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$135,000,000

12th Excess
Insurer: BCS Insurance Company NAIC# 38245
Type of Insurance: Security & Privacy Liability Ins
Policy #: CBXSL000028
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$145,000,000

13th Excess
Insurer: Trium Syndicate 1322 at Lloyd's
Type of Insurance: Security & Privacy Liability Ins
Policy #: TRCX260007
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$155,000,000

14th Excess
Insurer: Travelers Casualty & Surety Co. of America NAIC# 31194
Type of Insurance: Security & Privacy Liability Ins
Policy #: 108013162
Policy Term: 03/31/2026 - 03/31/2027
Limit: \$10,000,000 xs \$165,000,000



ADDITIONAL REMARKS

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 CN101755324-ALL-E&O-26-27	CONTACT NAME: Marsh PHONE (A/C, No, Ext): 305-341-5091 E-MAIL ADDRESS: MPLELV@Marsh.com INSURER(S) AFFORDING COVERAGE INSURER A : BCS Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 38245
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COVERAGES

CERTIFICATE NUMBER:

ATL-006023923-07

REVISION NUMBER: 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Services E&O			MCE040002403	01/31/2026	01/31/2027	LIMIT 30,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Services E & O Retentions:
SIR Each & Every Claim 50,000,000

Named insured includes employees, directors, officers, medical directors and any individual duly authorized to conduct Professional Services including Care Management and Utilization Management on behalf of the company.

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Marsh USA LLC</i>

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