



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 (Risk), to amend an existing contract with Express Scripts, Inc., (Express Scripts) (VC# 169747), One Express Way, Saint Louis, Missouri 63121 with no (\$0) change in the contract price limitation of \$382,690,000 for the administration of the prescription drug benefits provided to state employees and non-Medicare retirees pursuant to RSA 21-I:30 and, with respect to employees, consistent with state collective bargaining agreements. The original contract was approved by Governor and Executive Council on October 13, 2021, (tabled item #89, tabled at 9/15/2021 G&C meeting). The first amendment was approved by G&C on November 29, 2023, (Item #106). The second amendment was approved by G&C on September 25, 2024, (Item #183). The third amendment was approved by G&C on September 17, 2025, (Item #136). This fourth amendment will become effective upon Governor and Executive Council approval through December 31, 2026. Approximately 38% General funds, 13% Federal Funds, 3% Enterprise funds, 11% Highway funds, 1% Turnpike funds and 34% Other.

EXPLANATION

The DAS Commissioner is authorized, pursuant to RSA 21-1:28, to enter into contracts with "any organization necessary to administer and provide a health plan." As stated above, the original contract with Express Scripts was approved by Governor and Executive Council on October 13, 2021. Since that date, three additional amendments received Governor and Executive Council approval as outlined in the Requested Action. Each amendment demonstrates the ongoing shift in the prescription drug industry towards more transparent pricing. In addition, these amendments ensure the State Health Benefit Plan's (HBP) Pharmacy Benefit Management (PBM) contract is current with the most competitive terms. This Amendment Four is another response to the drug pricing transitions happening in the PBM industry. The overall contract price limitation remains unchanged at \$382,690,000. The Express Scripts contract expires on December 31, 2026.

DAS contracts with Express Scripts as the State's PBM to leverage its national market presence when negotiating drug prices with drug manufacturers. A component of drug pricing is rebates. Drug manufacturers pay confidential amounts to PBMs called rebates to reward them for putting certain drugs on their formulary to drive usage of those drugs. Under the State's PBM contract with Express Scripts, the State

receives one-hundred percent (100%) of all rebates that are generated from State HBP members' utilization. The total rebate amount is also guaranteed in aggregate by drug category. The State receives whichever is higher: 100% of rebates or the rebate guarantees for the plan year. Currently, the State HBP receives approximately \$28m per year in rebates to offset total prescription drug costs. The rebates are factored into the contract price limitation.

Federal legislative changes, like the American Rescue Plan Act (ARPA) of 2021, the Inflation Reduction Act (IRA) of 2022, the Consolidated Appropriations Act (CAA) of 2026 and the Most-Favored-Nation (MFN) drug pricing initiatives, are pressuring drug manufacturers to transition from high list-price, high rebate pricing models to lower list-price, lower-rebate pricing models. Although these federal laws primarily focus on Medicare and Medicaid, they have ramifications on PBMs which are passed on to employer sponsored plans like the one Express Scripts administers for the State's HBP.

Mandated price caps on insulin and asthma medications and lower-cost biosimilars are reducing up front drug costs for the State's self-funded HBP, but they also reduce rebates, making Express Scripts' current contractual rebate guarantees unattainable. Amendment Four provides the State and Express Scripts the flexibility to adjust those rebate guarantees to reflect the new lower-price, lower-rebate model by applying a rebate credit that excludes newly discounted drugs from the rebate guarantee calculation. Included in the amendment is a "net neutral" guarantee that the rebate credit will never exceed the total amount of the newly discounted price and is supported by providing the necessary data to include with the State's year-end audit of all pharmacy claims.

Amendment Four keeps the State's PBM contract aligned with evolving federal drug-pricing reforms and industrywide shifts toward lower list-price models. It preserves the State's cost savings while maintaining the integrity of the rebate structure that offsets prescription drug spending. By allowing necessary adjustments to rebate guarantees, this amendment ensures the State HBP continues to operate under the most competitive and transparent terms at no cost to the State in its final year of the contract with Express Scripts.

Based on the foregoing, I am respectfully recommending approval of the contract amendment with Express Scripts, Inc.

Respectfully submitted,



Charles M. Arlinghaus

**FOURTH AMENDMENT TO THE AGREEMENT
BETWEEN EXPRESS SCRIPTS, INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
PHARMACY BENEFIT MANAGEMENT SERVICES**

This FOURTH AMENDMENT (the "Amendment") is effective as of Governor and Executive Council approval, and is entered into by and between Express Scripts, Inc. ("ESI"), and State of New Hampshire ("Sponsor").

RECITALS

- A. WHEREAS, ESI and Sponsor are parties to a Pharmacy Benefit Management Agreement dated as of January 1, 2022, as amended from time to time (the "Agreement"), pursuant to which ESI provides certain prescription drug benefit management services to Sponsor; and
- B. WHEREAS, pursuant to Section 17 of the P-37, and Exhibit C-1 Section 3 of the Agreement, ESI and Sponsor may amend the Agreement by an instrument in writing signed by the parties hereto and only after approval by the Governor and Executive Council; and
- C. WHEREAS, Sponsor and ESI desire to update and amend the Agreement in accordance with the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises and obligations contained herein, and for other good and valuable consideration, the parties hereto agree as follows:

TERMS OF AMENDMENT

- 1. Definitions. For purposes of this Amendment, any capitalized term not otherwise defined herein shall have the meaning set forth in the Agreement.
- 2. Rebate Payment Terms (Non-Specialty). Section 1.2.a in Exhibit C-3 of the Agreement is hereby replaced and updated as follows:
 - a. Subject to the conditions set forth herein, ESI shall pay Sponsor the guaranteed amounts set forth above reduced by the Rebate Credit (defined herein) for all four calendar quarters in Plan Year 2026 hereunder within approximately ninety (90) days following the end of such calendar quarter. The Rebate Credit will apply to Impacted Drugs using the methodology below:
 - i. Definitions applicable to 1.2(a)
 - a. "Impacted Drug" is defined as: (i) drugs impacted by the American Rescue Plan Act of 2021; (ii) drugs impacted by the Inflation Reduction Act of 2022; (iii) Low List Price Biosimilar Products (defined herein); and/or (iv) a Brand Drug with a WAC price decrease greater than or equal to 25%
 - b. "Anchor Date Rebate" is defined as the Rebate (or the equivalent) for an impacted drug within the 30-day period preceding the change in price of such drug.
 - c. "Biosimilar Product" means a "biosimilar" biological product as defined in the Biologics Price Competition and Innovation Act of 2009 at 42 U.S.C. §262(i)(2) and approved under Section 351(k) of the Public Health Services Act, unless otherwise defined in the PBM Agreement.

- d. "Inflationary Factor" is defined as the average year-over-year price increase: (i) manufacturer pricing of the applicable category for the impacted drug and (ii) the manufacturer contracted value. For clarification, the look back period is limited to a year and that the average would only come into play if there were multiple pricing changes within the year look back period. In the event of a price decrease, the inflationary factor would reflect the negative price change in the form of a negative number.
- e. "Low List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that: (i) has decreased by at least 25%; or (ii) is at least 25% less than the Reference Product, or the Standard List Price Biosimilar Product, if applicable.
- f. "New Rebate" is defined as the Rebate (or the equivalent) for an impacted drug within the 30-day period following the change in price of such drug.
- g. "Rebate Credit" means:
 - i. The aggregate difference between the Anchor Date Rebate plus an Inflationary Factor, and the New Rebate, for Impacted Drugs; and
 - ii. The aggregate difference between (i) the Rebate (or the equivalent) applied to the Reference Product and (ii) the Rebate (or the equivalent) applied to the Low List Price Biosimilar Product; provided, however, that if the Reference Product exits the market, ceases contracting or is, or becomes, non-formulary, the Standard List Price Biosimilar Product (defined herein) will apply in lieu of the Reference Product in (i) above. "Reference Product" means a biological product as defined in 42 U.S.C. §262(i)(4).
- h. "Reference Product" means a biological product as defined in 42 U.S.C. §262(i)(4).
- i. "Standard List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that is comparable to the wholesale acquisition cost of the Reference Product.
- ii. ESI will attempt to provide thirty (30) days' advance notice when an impacted drug qualifies for the Rebate Credit and a list of impacted drugs can be provided upon request. ESI will provide an updated list of impacted drugs quarterly which shall include rebate information by drug.
- iii. Guarantee of Neutrality – The rebate credit will never exceed the following:
 - a. Low List Price Biosimilar Products - Difference between the Wholesale Acquisition Cost (WAC) for the Reference Product or Standard List Price Biosimilar Product plus Inflationary Factor and the WAC price Low List Price Biosimilar Product.
 - b. All other Impacted Drugs as defined other than for Low List Price Biosimilar Products The Wholesale Acquisition Cost (WAC) plus an Inflationary Factor, before the market event facilitated by government action, less the Wholesale Acquisition Cost after the market event facilitated by government action.
- iv. To demonstrate neutrality, ESI will semi-annually provide a report that contains the data below for all drugs subject to a rebate credit within 90-days post June 30th and December 31st.

	Rebate Credit Calculation By Drug (measurement years may change based on the date of the market event)
A	2024 WAC
B	2025 WAC
C	Inflationary Factor of applicable category (i) (% change b/w 2024 WAC and 2025 WAC) $C = (B-A)/A$

D	2025 WAC + C = assumed 2026 WAC without 2026 WAC reduction
E	2026 WAC actual WAC with reduction
F	WAC Change (D-E)
G	2024 Rebate
H	2025 Rebate
I	Inflationary Factor (ii) (% change b/w 2024 rebate and 2025 rebate) $I = (H - G)/G$
J	2025 Rebate + I = assumed 2026 rebate without 2026 rebate reduction
K	2026 Rebate (after rebate reduction)
L	Rebate Change (J-K) = Rebate Credit
M	Total Units of Impacted Drug
N	Total Rebate Credit for Drug (L x M)*
	GUARANTEE: At no time should L be greater than F

*Final amount is subject to final Rebate guarantee reconciliation.

Note: The rebate credit is used to adjust rebate guarantees when a drug manufacturer decreases rebates during the contract period to account for upfront discount pricing for that drug or biosimilar equivalent. The State and ESI agree to allow for ESI to adjust rebates paid through a rebate credit using the formula above to prove a net neutral impact on overall plan net costs. At no time will the rebate credit exceed the total amount of the discounted price.

3. Rebate Payment Terms (Specialty). Section 2.2.a in Exhibit C-3 of the Agreement is hereby replaced and updated as follows:

- a. Subject to the conditions set forth herein, ESI shall pay Sponsor the guaranteed amounts set forth above reduced by the Rebate Credit (defined herein) for all four calendar quarters in Plan Year 2026 hereunder within approximately ninety (90) days following the end of such calendar quarter. The Rebate Credit will apply to Impacted Drugs using the methodology below:
 - i. Definitions applicable to 2.2(a)
 - a. "Impacted Drug" is defined as: (i) drugs impacted by the American Rescue Plan Act of 2021; (ii) drugs impacted by the Inflation Reduction Act of 2022; (iii) Low List Price Biosimilar Products (defined herein); and/or (iv) a Brand Drug with a WAC price decrease greater than or equal to 25%
 - b. "Anchor Date Rebate" is defined as the Rebate (or the equivalent) for an impacted drug within the 30-day period preceding the change in price of such drug.
 - c. "Biosimilar Product" means a "biosimilar" biological product as defined in the Biologics Price Competition and Innovation Act of 2009 at 42 U.S.C. §262(i)(2) and approved under Section 351(k) of the Public Health Services Act, unless otherwise defined in the PBM Agreement.
 - d. "Inflationary Factor" is defined as the average year-over-year price increase: (i) manufacturer pricing of the applicable category for the impacted drug and (ii) the manufacturer contracted value. For clarification, the look back period is limited to a year and that the average would only come into play if there were multiple pricing changes within the year look back period. In the event of a price decrease, the inflationary factor would reflect the negative price change in the form of a negative number.
 - e. "Low List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that: (i) has decreased by at least 25%; or (ii) is at least 25% less

- than the Reference Product, or the Standard List Price Biosimilar Product, if applicable.
- f. "New Rebate" is defined as the Rebate (or the equivalent) for an impacted drug within the 30-day period following the change in price of such drug.
 - g. "Rebate Credit" means:
 - iii. The aggregate difference between the Anchor Date Rebate plus an Inflationary Factor, and the New Rebate, for Impacted Drugs; and
 - iv. The aggregate difference between (i) the Rebate (or the equivalent) applied to the Reference Product and (ii) the Rebate (or the equivalent) applied to the Low List Price Biosimilar Product; provided, however, that if the Reference Product exits the market, ceases contracting or is, or becomes, non-formulary, the Standard List Price Biosimilar Product (defined herein) will apply in lieu of the Reference Product in (i) above. "Reference Product" means a biological product as defined in 42 U.S.C. §262(i)(4).
 - h. "Reference Product" means a biological product as defined in 42 U.S.C. §262(i)(4).
 - i. "Standard List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that is comparable to the wholesale acquisition cost of the Reference Product.
 - v. ESI will attempt to provide thirty (30) days' advance notice when an impacted drug qualifies for the Rebate Credit and a list of impacted drugs can be provided upon request. ESI will provide an updated list of impacted drugs quarterly which shall include rebate information by drug.
 - vi. Guarantee of Neutrality – The rebate credit will never exceed the following:
 - a. Low List Price Biosimilar Products - Difference between the Wholesale Acquisition Cost (WAC) for the Reference Product or Standard List Price Biosimilar Product plus Inflationary Factor and the WAC price Low List Price Biosimilar Product.
 - b. All other Impacted Drugs as defined other than for Low List Price Biosimilar Products The Wholesale Acquisition Cost (WAC) plus an Inflationary Factor, before the market event facilitated by government action, less the Wholesale Acquisition Cost after the market event facilitated by government action.
 - vii. To demonstrate neutrality, ESI will semi-annually provide a report that contains the data below for all drugs subject to a rebate credit within 90-days post June 30th and December 31st.

Rebate Credit Calculation By Drug (measurement years may change based on the date of the market event)	
A	2024 WAC
B	2025 WAC
C	Inflationary Factor of applicable category (i) (% change b/w 2024 WAC and 2025 WAC) $C = (B-A)/A$
D	2025 WAC + C = assumed 2026 WAC without 2026 WAC reduction
E	2026 WAC actual WAC with reduction
F	WAC Change (D-E)
G	2024 Rebate
H	2025 Rebate
I	Inflationary Factor (ii) (% change b/w 2024 rebate and 2025 rebate) $I = (H-G)/G$
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K	2026 Rebate (after rebate reduction)
L	Rebate Change (J-K) = Rebate Credit
M	Total Units of Impacted Drug
N	Total Rebate Credit for Drug (L x M)*
	GUARANTEE: At no time should L be greater than F

*Final amount is subject to final Rebate guarantee reconciliation.

Note: The rebate credit is used to adjust rebate guarantees when a drug manufacturer decreases rebates during the contract period to account for upfront discount pricing for that drug or biosimilar equivalent. The State and ESI agree to allow for ESI to adjust rebates paid through a rebate credit using the formula above to prove a net neutral impact on overall plan net costs. At no time will the rebate credit exceed the total amount of the discounted price.

4. Guarantee Exclusions (Rebates). Section 3.2 in Exhibit C-3 of the Agreement is hereby replaced and updated as follows:

3.2 Guarantee Exclusions: The following are not eligible for guaranteed Rebate amounts (if any):

Exclusions
Specialty Product (other than Specialty guarantees, if any)
Coordination of Benefit Claims (COB)
No bill/no remit claims
340B Claims
COVID vaccines, test kits, and therapeutics (e.g., antivirals)
Subrogation Claims
Claims dispensed through Sponsor-owned, in-house, or on-site pharmacies
Member Submitted Claims
compounds
OTCs (except for insulin syringes and diabetic supplies, e.g., test strips)
Vaccine Claim
Veteran Claims
DMR Claims
Claims where pharmacy reimbursement is determined by law, not ESI's contract with the provider (applicable to dispensing fee guarantees only)

5. Effect of Amendment. Except as expressly provided herein, the terms and conditions of the Agreement shall remain in full force and effect. Any provisions in this Amendment requiring payment to the State shall survive termination of the Agreement. In the event of a conflict between this Amendment and the Agreement, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the undersigned have executed this Pharmacy Benefit Management Amendment as of the day and year below set forth.

EXPRESS SCRIPTS, INC.

DocuSigned by:
By: Frank Gentilella
CBDBD0C8A8E7459...
Printed Name: Frank Gentilella
Title: VP-GM, Express-Scripts
Date: 08/26/2026 | 3:59 PM EDT

STATE OF NEW HAMPSHIRE

By: [Signature]
Printed Name: Charles M. Arlinghaus
Title: Commissioner of DAS
Date: 9/13/26

Approved by the Attorney General (Form, Substance, and Execution)

Department of Justice Signature: Christen Lavers

Name and Title of DOJ Signatory: Christen Lavers, Sr. Assistant Attorney General

Date: 9/16/26

Approved by the Governor and Executive Council of the State of New Hampshire on: _____

item # _____

Office of the Secretary of State: _____

Title of SOS Signatory: _____

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that EXPRESS SCRIPTS, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on March 11, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 532396

Certificate Number: 0007987686



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 27th day of July 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

SECRETARY'S CERTIFICATE

EXPRESS SCRIPTS, INC.

The undersigned, being a duly elected Assistant Secretary of Express Scripts, Inc. (the "Company"), does hereby certify that:

1. Pursuant to resolutions adopted by the Board of Directors of the Company on October 21, 2025, certain officers of the Company and their designees are authorized to execute agreements and other documents on behalf of the Company.
2. Pursuant to a Delegation of Signing Authority dated July 24, 2026, Frank Gentilella was designated as an authorized signer of the Company and is authorized to execute bids, responses to requests for proposals, contracts, amendments to contracts and other related documents with any client or potential client for pharmacy benefit management or related services as deemed necessary or appropriate in the ordinary course of business.
3. A true and correct copy of the Delegation of Signing Authority dated July 24, 2026 is attached hereto as **Exhibit A**.

IN WITNESS WHEREOF, I hereunto set my hand on this 28th day of July, 2026.



Kimberly Tulloch, Assistant Secretary

Delegation of Signing Authority

In accordance with resolutions adopted by the Board of Directors of Express Scripts, Inc. (the “Company”) on October 21, 2025, which authorize certain officers and their designees to execute agreements and other documents on behalf of the Company, I, Kimberly Tulloch, duly elected Assistant Secretary of the Company, hereby designate Frank Gentilella, Vice President, Account Management – PBM Commercial Account Management Division, as my designee (the “Authorized Signer”) for purposes of executing, on behalf of the Company, bids, responses to requests for proposals, contracts, amendments to contracts and other related documents with any client or potential client for pharmacy benefit management or related services as deemed necessary or appropriate in the ordinary course of business.

This delegation is limited solely to the documents described above and shall remain effective until December 31, 2026, unless earlier revoked by the Company. Any authority not expressly delegated herein is reserved by the Company.

The Authorized Signer may not further delegate the authority granted under this Delegation of Authority.

IN WITNESS WHEREOF, the undersigned have executed this Delegation of Authority as of July 24, 2026.



Name: Kimberly Tulloch
Title: Assistant Secretary
Date: July 24, 2026



Frank Gentilella (Jul 27, 2026 14:41:20 EDT)

Name: Frank Gentilella
Title: Authorized Signer
Date: July 24, 2026



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/17/2026

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED The Cigna Group Express Scripts Holding Company 900 Cottage Grove Road Bloomfield CT 06002 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Lexington Insurance Company	19437
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Indemnity Insurance Co of North America	43575
INSURER D: ACE Property & Casualty Insurance Co.	20699	
INSURER E: American Guarantee & Liability Ins Co	26247	
INSURER F:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570120990492 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	Y		HD0G75475779 General Liability	07/01/2026	07/01/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY	Y		ISA H11353137	07/01/2026	07/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB CLAIMS-MADE ☐ DED ☒ RETENTION \$2,000,000			G7258448A005 Excludes Pol# 35407110	07/01/2026	07/01/2027	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	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	N/A	WLRC72812062 AOS	07/01/2026	07/01/2027	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Products Liability			35407110 Express Scripts Only	07/01/2026	07/01/2027	CompOps-Claims Made \$10,000,000

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

The State of New Hampshire is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies where required by written contract. See attached list of additional Named Insureds.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services and Benefits 25 Capitol St., Room 412 Concord NH 03301 USA	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>Aon Risk Services Central, Inc.</i>

Certificate No : 570120990492



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ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Cigna Group	
POLICY NUMBER See Certificate Number: 570120990492			
CARRIER See Certificate Number: 570120990492	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
E				AXF967096618	07/01/2026	07/01/2027	Aggregate	\$5,000,000
							Each Occurrence	\$5,000,000
	OTHER							
A	Miscellaneous Medical Professional Liab			35407110 Healthcare Prof Liab	07/01/2026	07/01/2027	HC Limit - Claims Made	\$15,000,000
A	Managed Care Liability			33085874 Managed Care E&O	07/01/2026	07/01/2027	MC Limit - Claims Made	\$15,000,000
							SecurityPriv Claims Made	\$5,000,000

Additional Named Insureds (2 Pages)

ABD Group Inc	Cigna HealthCare of Illinois, Inc.
Accredo Health Group, Inc.	Cigna HealthCare of Indiana, Inc.
Accredo Health, Incorporated	Cigna HealthCare of New Hampshire, Inc.
AHG of New York, Inc.	Cigna HealthCare of New Jersey, Inc.
Airport Holdings, LLC	Cigna Healthcare of North Carolina, Inc.
Allegiance Benefit Plan Management, Inc.	Cigna HealthCare of St. Louis, Inc.
Allegiance Care Management, LLC.	Cigna HealthCare of South Carolina, Inc.
Allegiance Cobra Services, Inc.	Cigna Healthcare of Tennessee, Inc.
Allegiance Life & Health Insurance Company, Inc.	Cigna HealthCare of Texas, Inc.
Allegiance Provider Direct, LLC.	Cigna Healthcare, Inc.
Allegiance Re, Inc.	Community Health Network LLC
Apothecary By Design Acquisition Co LLC	Connecticut General Life Insurance Company
Ascent Health Services LLC	CPRx Holding Company, LLC
Benefit Management Corp.	CPRx Holdings, LLC
Biopartners in Care, Inc.	CPRx MSO, LLC
Brighter Inc.	CuraScript, Inc.
Brookwood Management Partners, LLC	Diversified NY IPA, Inc.
Care Continuum, Inc.	Diversified Pharmaceutical Services, Inc.
CareCore National Group, LLC	Econdisc Contracting Solutions, LLC
CareCore National Intermediate Holdings, LLC	ESI Canada
CareCore National, LLC	ESI-GP Canada ULC
CareCore NJ, LLC	ESI-GP Holdings, Inc.
CareNext Managed Care, LLC	ESI-GP2 Canada ULC
CareNext Post-Acute, LLC	ESI Mail Order Processing, Inc.
Chiro Alliance Corporation	ESI Mail Pharmacy Service, Inc.
CHSS JV LLC	ESI Partnership
Cigna Corporate Services, LLC	ESI Resources, Inc.
Cigna Dental Health of California, Inc.	Evernorth Accountable Care, LLC
Cigna Dental Health of Delaware, Inc.	Evernorth Behavioral Care Group of Florida, P.A.
Cigna Dental Health of Florida, Inc.	Evernorth Behavioral Care Group of California, P.C.
Cigna Dental Health of Kentucky, Inc.	Evernorth Behavioral Care Group of New Jersey, P.C.
Cigna Dental Health of Maryland, Inc.	Evernorth Behavioral Care Group of New York,
Cigna Dental Health of Missouri	P.C.Evernorth Care Group LLC
Cigna Dental Health of New Jersey, Inc.	Evernorth Care Solutions, Inc.
Cigna Dental Health of North Carolina, Inc.	Evernorth Health, Inc.
Cigna Dental Health of Ohio, Inc.	Evernorth Direct Health, LLC
Cigna Dental Health of Pennsylvania, Inc.	Evernorth Network Services, LLC
Cigna Dental Health of Texas, Inc.	eviCore Healthcare MSI, LLC
Cigna Dental Health of Virginia, Inc.	Express Reinsurance Company
Cigna Dental Health Plan of Arizona, Inc.	Express Scripts Administrators LLC
Cigna Dental Health, Inc.	Express Scripts Canada Co.
Cigna European Services (UK) Limited	Express Scripts Canada Holding Co.
Cigna Health and Life Insurance Company	Express Scripts Canada Holding, LLC
Cigna Health Management, Inc.	Express Scripts Canada Services
Cigna Healthcare of Arizona, Inc.	Express Scripts Canada Wholesale
Cigna Healthcare of California, Inc.	Express Scripts, Inc.
Cigna HealthCare of Connecticut, Inc.	Express Scripts Pharmaceutical Procurement, LLC
Cigna HealthCare of Florida, Inc.	Express Scripts Pharmacy Atlantic Ltd.
Cigna Healthcare of Georgia, Inc.	Express Scripts Pharmacy Central Ltd.

Additional Named Insureds (2 Pages)

Express Scripts Pharmacy Ontario Ltd.
Express Scripts Pharmacy West Ltd.
Express Scripts Pharmacy, Inc.
Express Scripts Sales Operations, Inc.
Express Scripts Senior Care Holdings, LLC
Express Scripts Senior Care, Inc.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Services Company
Express Scripts Utilization Management Co.
Forsyth Health, LLC
Freco, Inc.
Freedom Service Company, LLC
Global Pharmacy LLC
Healthbridge Reimbursement And Product Support,
Inc.
Healthbridge, Inc.
Home Physicians Management, LLC
Inside RX, LLC
Integrity RX Specialty Pharmacy LLC
Intermountain Underwriters, Inc.
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, L.L.C.
Matrix GPO LLC
Matrix Healthcare Services, Inc.
MDLIVE, Inc.
Medco Health Services, Inc.
Medco Health Solutions, Inc.
MSI Health Organization of Texas, Inc.
MyM Technology & Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
Pipeline Health Holdings LLC
Pipeline Health Holdings, LLC
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc.
ProHealth Medical, LLC
ProHealth Parent LLC
ProHealth Pharmacy Solutions Inc.
ProHealth Pharmacy Solutions, LLC
QPID Health, LLC
Quallent Pharmaceuticals Health LLC
Semita, Inc.
Specialty Products Acquisitions, LLC
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Tel-Drug of Pennsylvania, L.L.C.
Verity Solutions Group, Inc.

Village Fertility Pharmacy, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/17/2026

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME:	
	PHONE (A/C No. Ext): (866) 283-7122	FAX (A/C No.): (800) 363-0105
INSURED The Cigna Group 900 Cottage Grove Road Bloomfield CT 06002 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Indemnity Insurance Co of North America	43575
	INSURER B: Lexington Insurance Company	19437
	INSURER C: ACE Property & Casualty Insurance Co.	20699
INSURER D: American Guarantee & Liability Ins Co	26247	
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570120989908 **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. **Limits shown are as requested**

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 ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
B	Cyber Liability			33085874 Security and Privacy Liab	07/01/2026	07/01/2027	Agg-Claims Made \$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached list of additional Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire Department of Administrative Services and Benefits 25 Capitol St., Room 412 Concord NH 03301 USA	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>Aon Risk Services Central, Inc.</i>

Certificate No : 570120989908



Additional Named Insureds (2 pages)

ABD Group Inc
Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
Allegiance Benefit Plan Management, Inc.
Allegiance Care Management, LLC
Allegiance COBRA Services, Inc
Allegiance Life & Health Insurance Company, Inc.
Allegiance Provider Direct, LLC
Allegiance Re, Inc.
Apothecary By Design Acquisition Co LLC
AS Acquisition Corp.
Ascent Health Services LLC
Benefit Management Corp.
Biopartners in Care, Inc.
Care Continuum, Inc.
CareCore National Group, LLC
CareCore NJ, LLC (dba eviCore healthcare NJ ODS)
CCN NMO, LLC (dba eviCore healthcare IPA)
CCN-WYN IPA, LLC (dba eviCore healthcare IPA)
Chiro Alliance Corporation
Choicelinx Corporation
CHSS JV LLC
Cigna Arbor Life Insurance Company
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
CIGNA EUROPE INSURANCE COMPANY S.A.-N.V.
Cigna European Services UK Limited (CESL)
Cigna European Services UK Limited, Barcelona
Cigna Global Health Benefits (CGHB)
Cigna Health and Life Insurance Company (CHLIC)
Cigna Health Management Inc.
Cigna Healthcare Eastern Technology Services Company Limited
CIGNA HEALTHCARE OF CALIFORNIA, INC.
Cigna HealthCare of Connecticut, Inc
Cigna Healthcare of Georgia, Inc.

Cigna Healthcare of South Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna Insurance Middle East S.A.L.
Cigna International Health Services BVBA
Cigna Life Insurance Company of Canada
Cigna Life Insurance Company of Europe S.A.-N.V.
Community Health Network LLC
Connecticut General Life Insurance Company (CGLIC)
CPRx Holding Company, LLC
CPRx Holdings, LLC
CPRx MSO, LLC
CuraScript, Inc.
Diversified NY IPA, Inc
Diversified Pharmaceutical Services, Inc.
Econdisc Contracting Solutions, LLC
ESI Canada
ESI-GP Canada ULC
ESI-GP Holdings, Inc.
ESI-GP2 Canada ULC
ESI Mail Order Processing, Inc.
ESI Mail Pharmacy Service, Inc.
ESI Partnership
ESI Resources, Inc.
Evernorth Accountable Care, LLC
Evernorth Care Group LLC
Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
Evernorth Health, Inc.
Evernorth Network Services, LLC
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Healthbridge Reimbursement And Product Support,
Inc.
Healthbridge, Inc.
Healy Pharmacy, LLC
Inside RX, LLC
Integrity RX Specialty Pharmacy LLC
Intermountain Underwriters, Inc.
L&C Investments, LLC
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, L.L.C.
Matrix GPO, LLC
Matrix Healthcare Services, Inc.
MDLIVE, Inc.
Medco Europe, LLC
Medco Europe II, L.L.C.
Medco Health Puerto Rico, LLC
Medco Health Services, Inc.
Medco Health Solutions, Inc.
MedSolutions Holdings, Inc.
MSI Health Organization of Texas, Inc.
MyM Technology & Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
QPID Health, Inc.
Pipeline Health Holdings LLC
Pipeline Health Holdings, LLC
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc.
ProHealth Medical, LLC
ProHealth Parent LLC
ProHealth Pharmacy Solutions Inc.
ProHealth Pharmacy Solutions, LLC
Semita, Inc.
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Strategic Pharmaceutical Investments, LLC
Verity Solutions Group, Inc.
Village Fertility Pharmacy, LLC