

**GOLDER RANCH FIRE DISTRICT
GOVERNING BOARD MEETING
PUBLIC NOTICE AND AGENDA
Tuesday, October 21, 2025, 9:00 a.m.**

1600 East Hanley Boulevard, Oro Valley, Arizona 85737

*Pursuant to ARS § 38-431.02, ARS § 38-431.03 and ARS § 38-431.05, the Golder Ranch Fire District Governing Board will meet in Regular Session that begins at approximately **9:00 a.m. on Tuesday, October 21, 2025**. The meeting will be held in the Fire District Headquarters Board Room, which is located at **1600 East Hanley Boulevard Oro Valley, Arizona 85737**. The order of the agenda may be altered or changed by direction of the Board. The Board may vote to go into Executive Session, which is not open to the public, on any agenda item pursuant to ARS § 38-431.03(A)(3) for discussion and consultation for legal advice with the Fire District Attorney on the matter(s) as set forth in the agenda item. The following topics and any reasonable variables related thereto will be subject to discussion and possible action.*

- 1. CALL TO ORDER/ROLL CALL**
- 2. SALUTE AND PLEDGE OF ALLEGIANCE**
- 3. FIRE BOARD REPORTS**
- 4. CALL TO THE PUBLIC**

This is the time for the public to comment. Members of the Board are not permitted to discuss or take action on any items raised in the Call to the Public, which are not on the agenda due to restrictions of the Open Meeting Law; however, individual members of the Board are permitted to respond to criticism directed to them. Otherwise, the Board may direct staff to review the matter or that the matter be placed on a future agenda.

5. PRESENTATIONS

A. PRESENTATION OF PERSONNEL

- RETIREMENT
 - WILL SEELEY, BATTALION CHIEF
 - YEARS OF SERVICE
 - DAVE CHRISTIAN, FINANCE DIRECTOR- 15 YEARS
 - HERMAN RASCON, TECHNOLOGY DIRECTOR- 15 YEARS
 - PROMOTION
 - DAVID SARGENTI, PARAMEDIC
 - NEW HIRES
 - SAM HENSON, MEDIA SPECIALIST
 - GUY PERKINS, SYSTEMS SPECIALIST
- Loyalty and behavioral oaths will be administered.



6. CONSENT AGENDA

The consent portion of the agenda is a means of expediting routine matters, such as minutes or previously discussed or budgeted items that must be acted upon by the Board. Any item may be moved to Regular Business for discussion and possible action by any member of the Board.

- A. APPROVE MINUTES- SEPTEMBER 16, 2025, REGULAR SESSION
- B. APPROVE AND ADOPT THE BASIC ORDERING AGREEMENT WITH THE FEDERAL BUREAU OF INVESTIGATION (FBI) TO CONTINUE LEASING THE COMMUNICATION HARDWARE SPACE AT THE GRFD STATION 370 LOCATION
- C. APPROVE AND ADOPT RESOLUTION 2025-0010 TO DECLARE ITEMS AS SURPLUS AND DIRECTION TO STAFF TO SELL OR PROVIDE ITEMS TO NEIGHBORING FIRE DISTRICTS OR EDUCATIONAL INSTITUTIONS

7. REPORTS AND CORRESPONDENCE

- A. FIRE CHIEF'S REPORT – CHIEF BRANDHUBER
 - UPDATES ON THE FOLLOWING AREAS:
 - BOARD SERVICES
 - COMMENDATIONS/THANK YOU CARDS RECEIVED
 - DISTRICT ACTIVITIES
 - HUMAN RESOURCES
 - MEETINGS, TRAININGS, AND EVENTS ATTENDED
 - PERSONNEL
 - POLITICAL & PUBLIC SAFETY INTERACTIONS/UPDATES
 - LEADERSHIP TEAM REPORT – PRESIDENT JONES
- B. COMMUNITY RISK REDUCTION DIVISION'S REPORT - ASSISTANT CHIEF PERRY
 - UPDATES ON THE FOLLOWING AREAS:
 - COMMUNITY EDUCATION, ENGAGEMENT & RISK REDUCTION
 - FINANCE
 - FIRE PREVENTION
- C. SUPPORT SERVICES DIVISION'S REPORT - ASSISTANT CHIEF CESAREK
 - UPDATES ON THE FOLLOWING AREAS:
 - STRATEGIC COMMUNICATIONS
 - FACILITIES MAINTENANCE
 - FLEET
 - HEALTH & SAFETY
 - TECHNOLOGY
 - PLANNING
 - LOGISTICS
 - SUPPLY



D. EMERGENCY MEDICAL SERVICES & FIRE RESPONSE DIVISION'S REPORT – ASSISTANT CHIEF GRISSOM

- UPDATES ON THE FOLLOWING AREAS:
 - EMERGENCY MEDICAL SERVICES/OPERATIONS
 - HONOR GUARD/PIPES AND DRUMS
 - PROFESSIONAL DEVELOPMENT
 - PROJECT MANAGEMENT
 - SPECIAL OPERATIONS
 - WILDLAND

8. REGULAR BUSINESS

A. DISCUSSION AND POSSIBLE ACTION REGARDING THE CIGNA ADMINISTRATIVE SERVICES AGREEMENT FOR HEALTH INSURANCE

B. DISCUSSION AND POSSIBLE ACTION REGARDING THE COMPLETION OF RENOVATIONS TO THE TRAINING AND FLEET BUILDINGS AS PART OF THE VOTER APPROVED BOND PACKAGE

C. DISCUSSION AND POSSIBLE ACTION REGARDING THE GOLDER RANCH FIRE DISTRICT RECONCILIATION AND MONTHLY FINANCIAL REPORT

9. FUTURE AGENDA ITEMS

This provides an opportunity for the Board to direct staff to include items on future agendas for further consideration and decision at a later date or to further study the matter.

- Regularly scheduled meeting – November 18, 2025

10. CALL TO THE PUBLIC

This is the final opportunity, on this agenda, for a member of the public to address the Governing Board. Please refer to agenda item four (4) for additional clarification and direction.

11. ADJOURNMENT

Sandra Outlaw, Clerk of the Board
Golder Ranch Fire District

To view the meeting online please visit our website at <https://grfdaz.gov/grfd-agenda>, there is an agenda posted, with background information linked to each agenda item, as well as a link to the live Zoom meeting.

If any disabled person needs any type of accommodation, please notify the Golder Ranch Fire District Headquarters at (520) 825-9001 prior to the scheduled meeting. A copy of the agenda background material provided to Board members (with the exception of material relating to possible executive sessions) is available for public inspection at the District Headquarters, 1600 E. Hanley Boulevard, Oro Valley, Arizona 85737.

Posted by: Shannon Ortiz 10/15/2025 by 11:00 a.m.





GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Tom Brandhuber, Fire Chief

MTG. DATE: October 21, 2025

SUBJECT: Fire Board Reports

ITEM #: 3

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This item allows for the Fire Board Members to report to the public and/or staff any events, meetings, conferences, etc. they may have attended and/or points of interest that took place throughout the month.

RECOMMENDED MOTION

No motion is necessary for this agenda item.



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Tom Brandhuber, Fire Chief

MTG. DATE: October 21, 2025

SUBJECT: Call to the Public

ITEM #: 4

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This is the time for the public to comment. Members of the Board may not discuss items that are not on the agenda. The Board is not permitted to discuss or take action on any item raised in the Call to the Public, which are not on the agenda due to restrictions of the Open Meeting Law; however, individual members of the Board are permitted to respond to criticism directed to them. Otherwise, the Board may direct staff to review the matter or that the matter be placed on a future agenda.

RECOMMENDED MOTION

No motion is necessary for this agenda item.



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Tom Brandhuber, Fire Chief

MTG. DATE: October 21, 2025

SUBJECT: PRESENTATION OF PERSONNEL

ITEM #: 5A

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This is the time for recognizing personnel who have achieved employment milestones.

- RETIREMENT
 - Will Seeley, Battalion Chief
- YEARS OF SERVICE
 - Dave Christian, Finance Director- 15 years
 - Herman Rascon, Technology Director- 15 years
- PROMOTION
 - David Sargenti, Paramedic
- NEW EMPLOYEE
 - Sam Henson, Media Specialist
 - Guy Perkins, Systems Specialist

Loyalty and behavioral oaths will be administered.

RECOMMENDED MOTION

No motion required for this agenda item.

EMPLOYEE RECOGNITION

Employee Name: William Seeley-Retired

Date of Hire: 10/1/96

Current Position: Battalion Chief

Reason for Recognition: Years of Service

Prepared by: Mark Wilson

Date of Board Meeting: *The third Tuesday of each month.*

The employee named above will be recognized for Years of Service milestone, Job Promotion, New Employee, or Academy Graduate. This information will be used when the employee is recognized at the next GRFD Board Meeting.

Please return to Human Resources via email by the 25th of the month, prior to the Board Meeting.

Questions regarding the completion of this form can be addressed to Human Resources.

- **GRFD CAREER HISTORY:**

Will started with GRFD in October of 1996 where he served as a reserve. Will became a full time employee in October of 1997. Will spent much of his career at stations 373, 376, 377 and old station "110" in Catalina. After promoting to Battalion Chief, Will worked most of his 12 years at Battalion 380.

- **PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:**

Will's professional accomplishments include the following:

- Paramedic in 1999
- Hazardous Materials Technician in 2000
- Firefighter of the year in 2004
- Captain in 2007
- One of the original EC Captains
- Battalion Chief in 2013
- Masters Degree

Will attended countless trainings including several technical rescue classes, Safety Officer classes and a ton of Incident Command classes.

- **PERSONAL OR SPECIAL NOTES OF INTEREST:**

Will has been married to his better half Lisa for the last 16 glorious years. They have 3 boys, Carson, Quinn and Brody. Will also has three grown sons, Mark, Doug and Jack.

In his spare time, he loves watching college football and going to big SEC and BIG 10 games.



EMPLOYEE RECOGNITION

Employee Name: Dave Christian

Date of Hire: 10/04/2010

Current Position: Director of Finance

Reason for Recognition: 15 years of service

Prepared by: Eric Perry

Date of Board Meeting: *The third Tuesday of each month.*

The employee named above will be recognized for Years of Service milestone, Job Promotion, New Employee, or Academy Graduate. This information will be used when the employee is recognized at the next GRFD Board Meeting.

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- **GRFD CAREER HISTORY:**

Started with GRFD in October of 2010 as the Finance Manager, and is currently the Director of Finance.

- **PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:**

- led the transition of GRFD budget structure to that of a program-structured performance-based budget, which included an entire revamping of our general ledger.
- GRFD has been recognized for the past 14 years with the Certificate of Achievement for Excellence in Financial Reporting
- GRFD awarded the Distinguished Budget Presentation Award for the past two years

- **PERSONAL OR SPECIAL NOTES OF INTEREST:**

Spouse: Leslie Christian

Sons: Austin and Jameson

Unique ways of ridding his property of pack rats!



EMPLOYEE RECOGNITION

Employee Name: Herman Rascon

Date of Hire: 10/18/2010

Current Position: IT Services Director

Reason for Recognition: 15 Years of Service

Prepared by: Grant Cesarek

Date of Board Meeting: *The third Tuesday of each month.*

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- **GRFD CAREER HISTORY:**

The man, the myth, the legend, Herman Rascon, congratulations for 15 years of service to the Golder Ranch Fire District. Herman has been instrumental in the deployment of too much software, hardware and his favorite Cisco server and Ruckus deployments to mention. He has done a great job of enhancing the technology capabilities for our district in the 15 years. Those enhancements rolled to the agencies we support as well. From work on PCWIN radios, to patient care records, or fixing Crew Scheduler when I broke it, Herman is there to find a solution to problems.

- **PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:**

Some mentioned above

His 15 years at GRFD are only part of his accomplishments, he worked at the City of Tucson previously where he completed many projects that we all use today, fiber optics and internet connectivity we expect around town. He has relationships with the key players on many projects from his past experience that pays off today. And...enjoys anything related to computer aided dispatch, especially when it goes down. He is a Verizon Wireless Public Safety spokesperson, but is starting to trend towards T-Mobile, sort of.

- **PERSONAL OR SPECIAL NOTES OF INTEREST:**

Husband and father of two, Herman lights up when you talk about his family. Trips to Orlando to visit his son, watching his daughter complete law school, and all things about Lisa.

EMPLOYEE RECOGNITION

Employee Name: David Sargentti

Date of Hire: 02/06/2023

Current Position: Firefighter/EMT

Reason for Recognition: Promotion



Prepared by:

Date of Board Meeting: *The third Tuesday of each month.*

The employee named above will be recognized for Years of Service milestone, Job Promotion, New Employee, or Academy Graduate. This information will be used when the employee is recognized at the next GRFD Board Meeting.

Questions regarding the completion of this form can be addressed to Human Resources.

- **GRFD/CAREER HISTORY:**

PM Sargentti started his career with Tucson Fire Department, where he worked for 3 years before coming to GRFD as a lateral in 2023. Throughout his time at GRFD he has always prided himself on performing his job at a high level. Sargentti took the next step to Paramedic in 2025 and has been excelling in this position, providing excellent Pt care and tremendous bedside manor. He has been an absolute joy to have around the station!

- **PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:**

Paramedic promotion.

- **PERSONAL OR SPECIAL NOTES OF INTEREST:**

Sargentti has two boys Hudson (10) and Ezra (8). Sargentti enjoys a chilly ice bath and then catching rays like a lizard to thaw out. He also is enjoying the new role as a paramedic and assuming all the new responsibilities that it entails along with having whole new set of skills.

EMPLOYEE RECOGNITION

Employee Name: Sam Henson

Date of Hire: 9/29/2025

Current Position: Media Specialist

Reason for Recognition: New Employee

Prepared by:

Date of Board Meeting: *The third Tuesday of each month.*

The employee named above will be recognized for Years of Service milestone, Job Promotion, New Employee, or Academy Graduate. This information will be used when the employee is recognized at the next GRFD Board Meeting.

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- GRFD/CAREER HISTORY:

For the last 4 years Sam has worked as the Web and Digital Media Specialist for Amphi Public School District. He's also currently working as the Public Relations Director and Assistant Director at Spotlight Youth Productions

- PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:

Sam is 4-time award winner in photography from the National School Public Relations Association and a 6-time award winner in photography and video from Arizona School Public Relations Association.

- PERSONAL OR SPECIAL NOTES OF INTEREST:

He is a lifelong resident of Oro Valley and is proud to contribute to the community that has shaped him.



EMPLOYEE RECOGNITION

Employee Name: Guy Perkins

Date of Hire: Sept 8th 2025

Current Position: System Specialist

Reason for Recognition: New Hire

Prepared by: Danny Martinez

Date of Board Meeting: *The third Tuesday of each month.*

The employee named above will be recognized for Years of Service milestone, Job Promotion, New Employee, or Academy Graduate. This information will be used when the employee is recognized at the next GRFD Board Meeting.

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Questions regarding the completion of this form can be addressed to Human Resources.



- GRFD/CAREER HISTORY:

Been in IT for more than 15 years, working independently or with an organization.

Worked with SWS Computers, assisting local IT professionals with hardware recommendations for smaller non-enterprise jobs.

Worked at the University of Arizona as a System Administrator assisting administrative staff, Instructional faculty, graduate and undergraduate students with their computer needs.

Worked for Mural Consulting, providing support for Microsoft 365 cloud.

- PROFESSIONAL ACCOMPLISHMENTS/ACHIEVEMENTS:

While he has no certifications, he completed his A+ course back in High School, and has through his autodidacticism taught himself Microsoft 365 Administration, has an interest in Networking and network support, has a very comfortable background in Linux, Apple and Windows systems.

- PERSONAL OR SPECIAL NOTES OF INTEREST:

Is a father to 3 children, 1 son and 2 daughters.

Loves computers, Disc Golf, Photography, the great outdoors, and spending time with his family.



GOLDER RANCH FIRE DISTRICT

BEHAVIORAL OATH

I, _____, do solemnly swear (or affirm) that I will be alert in my duties at all times.

I will strive to be mindful of the welfare and rights of others.

I will be impartial in my treatment of all persons coming under my jurisdiction.

I will be courteous and helpful to all and my feelings shall not influence my decisions.

I will refrain from being vulgar or profane in my speech or actions while on duty.

I will cooperate fully with my supervisors to provide greater protection to the public and the Fire District I serve.

I will strive to become more proficient in my duties as an employee of Golder Ranch Fire District through diligent study and training.

I will regard my employment with Golder Ranch Fire District as a symbol of trust from my State, my Fire District, and the community in which I serve, and act accordingly.

I will constantly strive to obtain these objectives as I serve as an employee of Golder Ranch Fire District.

Employee Name - Printed

Employee Signature

Date

Administering Official - Printed

Administering Official Signature

Date



GOLDER RANCH FIRE DISTRICT

LOYALTY OATH OF OFFICE

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of _____ according to the best of my ability, so help me God (or so I do affirm).

Employee Name - Printed

Employee Signature

Date

Administering Official - Printed

Administering Official Signature

Date



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Shannon Ortiz, Board Services Supervisor

MTG. DATE: October 21, 2025

SUBJECT: APPROVE MINUTES- SEPTEMBER 16, 2025, REGULAR SESSION

ITEM #: 6A

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☒ Legal Review

BACKGROUND

In compliance with A.R.S. §38-431.01, approval of:

A. SEPTEMBER 16, 2025, REGULAR SESSION MEETING MINUTES

RECOMMENDED MOTION

If items remains on consent agenda:

Motion to approve the October 21, 2025, Consent Agenda.

If item is removed from consent agenda: State the motion for the item that was removed from consent agenda after discussion has taken place:

Motion to approve the September 16, 2025, regular session meeting minutes.

**GOLDER RANCH FIRE DISTRICT
GOVERNING BOARD MEETING
MEETING MINUTES**

**Tuesday, September 16, 2025, 9:00 a.m.
1600 East Hanley Boulevard, Oro Valley, Arizona 85737**

1. CALL TO ORDER/ROLL CALL

Members Present: Chairperson Cox Golder, Vice-Chairperson Wally Vette, Board Clerk Sandra Outlaw, Board Member Steve Brady, and Board Member Tom Shellenberger

Staff Present: Fire Chief Tom Brandhuber, Assistant Chief Grissom, Assistant Chief Perry, Assistant Chief Cesarek, Deputy Chief Hilderbrand, Deputy Chief Jarrold, Fire Marshal Akins, Deputy Chief Wilson, Finance Director Christian, IT Director Rascon, HR Director Delong, and Board Services Supervisor Ortiz

2. SALUTE AND PLEDGE OF ALLEGIANCE

Those in attendance said the pledge of allegiance.

3. FIRE BOARD REPORTS

Vice Chairperson Vette reported they (he, Board Clerk Outlaw, and Board Member Brady) attended the September 11th ceremony at the Veteran's memorial in Naranja park (a public notice was posted as required). He said the speeches were well done and it was a beautiful ceremony.

Board Clerk Outlaw said she attended the Oro Valley Spark Business Summit. She was impressed with the event and mentioned how it was good to listen to new ideas from agencies such as Oro Valley Police Department (OVPD). She expressed how important it is to work with the community and said she was pleased with the Golder Ranch Fire District (GRFD) personnel who also presented.

4. CALL TO THE PUBLIC

There were no public issues presented at this time.

5. PRESENTATIONS

A. EMPLOYER SUPPORT OF THE GUARD AND RESERVE (ESGR) AWARDS PRESENTATION



Chief Brandhuber introduced Sandy Wilson, the Master of Ceremonies (MC) for the ESGR awards presentations. Mrs. Wilson introduced herself as an ESGR volunteer and the other ESGR volunteers present: Darren Veters, State Chair Immeritus; Michael Dunbard, Outreach Volunteer; Rusty Orvick, Outreach Volunteer; and Rick Palmatier, State Chair. She named GRFD employees who have/are actively serving: Christopher Graeber, Air National Guard, Air Force, Fire Protection; John Colby Jr., USAF Reserves, USMC & USAF, Operation Superintendent; James Glover, Reserves, US Marine Corps, Gunnery Sergeant/Platoon Commander; Karl Rhein, Army National Guard, Army Sergeant; Alejandro Matty, Reserve, Army, Sergeant (not present); Westin Clausen, Air National Guard, Air Force, Staff Sergeant (not present); Mason Russell, Air National Guard, Air Force, Staff Sergeant; Thomas Brandhuber, Reserve, Air Force, Retired Command Chief Master Sergeant; and Anthony Marquez, Air National Guard, Air Force, Chief Master Sergeant.

Mrs. Wilson introduced Arizona State Chair, Rick Palmatier.

Chairperson Palmatier thanked those in the guard and reserve for their service and he also thanked GRFD for its support of ESGR. Chairperson Palmatier explained ESGR's primary mission is to work with businesses. It is an office started by the Department of Defense in the early 70s. It could not do what it does without the support of ESGR volunteers and businesses. Mr. Palmatier began the presentation of the Patriot award, and noted it is the highest award that can be bestowed to someone in a civilian agency.

Mrs. Wilson introduced military representative for the day's event, Colonel Brandt Putman, Commander of the 162nd Fighter Wing.

Colonel Brandt Putman said he used ESGR early on in his career. Things were different back then and employers were not quite as familiar with the law. ESGR was able to assist him in using military leave. He said he is extremely grateful for ESGR, he said because there are 1.3 million people in the US military, about 38% of those people are in the Guard and Reserve. The active components could not do it without the support of the guard and reserve. From his own experience, the guard relies heavily on the support of ESGR.

Mrs. Wilson invited Chairperson Cox Golder, Chief Brandhuber, and Chairman Palmatier to the front for the presentation of the Pro-Patria Award.

Mrs. Wilson explained the eight distinctive categories of the award and how GRFD met each category. The categories were as follows:

- Service member support
- Family support
- Compensation policies
- Compensation benefit policies
- Service member recognition
- Hiring practices



- USERRA Awareness (Uniformed Services Employment and Re-employment Rights Act of 1994)
- ESGR awards

Chairperson Cox Golder said GRFD supports ESGR for love of country. She said it was an honor to support ESGR.

Chief Brandhuber thanked ESGR, the Governing Board, and the members in uniform for their service.

GRFD Captain and Air National Guard, Air Force, Chief Master Sergeant Marquez and Air National Guard, Air Force Chief Master Sergeant Mason Russell presented Chief Brandhuber with Patriot awards.

ESGR Chairperson Rick Palmatier, Colonel Brant Putnam, Chief Brandhuber, and GRFD Governing Board Chairperson Cox Golder signed a new statement of support for ESGR.

B. UTSTEIN SURVIVABILITY PRESENTATION- GRFD MEDICAL DIRECTOR, DR. RICE

GRFD Medical Director, Dr. Rice gave a presentation on the Utstein Formula for Survival. She explained it is a standardized system for reporting when someone has a cardiac arrest outside of the hospital. She said GRFD has done exceptionally well and has one of the highest survivability rates in the nation. However, because the criteria is so limited and because there are so few occasions when the criteria is met, that a small number can affect GRFD's score. Regardless of the limitations, GRFD has done well overall.

C. PRESENTATION OF PERSONNEL

- YEARS OF SERVICE
 - SHANNON ORTIZ, BOARD SERVICES SUPERVISOR- 10 YEARS
 - MICHAEL THOMAS, CAPTAIN- 30 YEARS
- PROMOTIONS
 - JESSE BURKS, ENGINEER
 - DANIEL DE LA PUENTE, PARAMEDIC
 - BRANDON MCPHERSON, ENGINEER
 - BRENDAN PEELER, PARAMEDIC
 - TJ STEELE, ENGINEER
 - STEVE WHITE, BATTALION CHIEF
 - AUTUMN ZOECHBAUER, PERMIT TECHNICIAN

HR Director Delong presented Board Supervisor Ortiz for her ten years of service with GRFD.



Deputy Chief Wilson presented Captain Thomas for his thirty years of service with GRFD.

Captain Paddock presented Jesse Burks for his promotion to Engineer.

Captain Kassulke presented Daniel de la Puente for his promotion to Paramedic.

Captain Drury presented Brandon McPherson for his promotion to Engineer.

Captain Dean Sanchez presented Brendan Peeler for his promotion to Paramedic.

Captain Peru presented TJ Steele for his promotion to Engineer.

Division Chief Charnoki presented Steve White for his promotion to Battalion Chief.

Fire Marshal Akins presented Autumn Zoechbauer for her promotion to Permit Technician.

6. CONSENT AGENDA

A. APPROVE MINUTES- AUGUST 19, 2025, REGULAR SESSION

MOTION by Vice Chairperson Vette to approve the September 16, 2025, Consent Agenda

MOTION SECONDED by Board Member Shellenberger

MOTION CARRIED 5/0

7. REPORTS AND CORRESPONDENCE

- A. FIRE CHIEF'S REPORT – Chief Brandhuber presented the Fire Chief's report to the Governing Board. He thanked the Governing Board for their support of ESGR and he thanked the employee members of the Guard and Reserves for their service. Chief Brandhuber thanked Fire Marshal Akins for attending and presenting at the Town of Oro Valley council meeting. He commented that she was so thorough and knowledgeable that the council did not have any questions after her presentation. He said he attended the September 11th ceremony at the Veteran's Memorial Park and it was a great event. He thanked the Honor Guard and Pipes and Drums for what they do and for representing GRFD.

Chairperson Cox Golder reviewed the statistics for suppression calls. She noticed a high number of calls for animals, snakes, etc. (non-emergent calls). She asked if these were responded to by the Community Resource Technicians immediately or if there is a delayed response.

Assistant Chief Perry responded, the Community Resource Technicians (CRTs) respond to these calls for snakes, smoke detector battery changes, etc. for the most



part immediately, there are a few calls that are delayed but the delay is a matter of minutes.

Chairperson Cox Golder asked if six new trucks were purchased.

Assistant Chief Perry clarified six new Community Resource Technicians were recently hired, they use trucks the District already has.

Board Member Shellenberger asked if the District could research placing the non-emergency number, 3-1-1, decals on the CRT trucks.

Assistant Chief Perry replied they could look into it.

Chief Brandhuber explained there have been issues with getting 3-1-1 working in Pinal County. He wants to make sure this is a service the District can also provide in Pinal County before it is placed on trucks.

Chairperson Cox Golder asked if the smoke detector maintenance calls were battery changes.

Assistant Chief Perry verified they were. These calls were battery changes in smoke detectors.

Chairperson Cox Golder said she noticed a high number of canceled calls while crews were in route. She asked if this is watched and if anything could be done about it.

Assistant Chief Grissom responded that crews try to respond to calls immediately. He and his staff are continuously reviewing the calls and making adjustments accordingly.

President Jones said Union members recently attended a Diamondbacks baseball game as a team building event. He said everyone enjoyed themselves. President Jones spoke of federal house resolution (HR) 2766 the Special District Fairness and Accessibility Act. He noted it is a repeat bill that seems to be getting traction. The bill helps fire agencies get funding.

- B. COMMUNITY RISK REDUCTION DIVISION'S REPORT - Assistant Chief Perry presented Community Risk Reduction's division report to the Governing Board. He reported the CRTs ran 270 calls; these are calls that are taken off suppression's call load and enable them to be available for emergency calls.

Chairperson Cox Golder asked what Talk and Truck Time was.

Deputy Chief Hilderbrand explained Talk and Truck Time is a program done by GRFD Community Educators. It is for kids in pre-school and kindergarten. The educators talk about what firefighters do, show the kids the firetrucks, and have the kids see



firefighters in their gear, so they are not scared of them if they come across them in a real emergency.

- C. SUPPORT SERVICES DIVISION'S REPORT – Assistant Chief Cesarek presented the Support Services' division report to the Governing Board. He said Lead Fleet Technician, Phil Cantua is the President of the Arizona Mechanics Association. At a recent conference, Phil presented the Arizona Fire Mechanic of the Year Award. Assistant Chief Cesarek said Phil did a great job. Assistant Chief Cesarek recognized IT and the Logistics teams for all their hard work to meet the deadline for crews of station 378 to move into the new location on Wednesday, September 17th.
- D. EMERGENCY MEDICAL SERVICES & FIRE RESPONSE DIVISION'S REPORT – Assistant Chief Grissom presented the EMS & Fire Response's division report to the Governing Board. Assistant Chief Grissom echoed what Chief Brandhuber said about the Honor Guard and Pipes and Drums. They do a great job representing the District at events. Assistant Chief Grissom recognized the training staff for all their hard work in the engineer process. The Professional Development and EMS divisions have been very busy lately with all the training and promotional processes.

Vice Chairperson Vette asked what EBS was.

Assistant Chief Grissom responded EBS stood for Emergency Business Shoring. He explained it is a process done by the Special Operations Technical Rescue Team when there is a building collapse. It is a process the team trains for diligently.

8. REGULAR BUSINESS

- A. DISCUSSION AND POSSIBLE ACTION REGARDING THE BACKUP AMBULANCE COVERAGE INTERGOVERNMENTAL AGREEMENT BETWEEN TUCSON FIRE DEPARTMENT AND GOLDER RANCH FIRE DISTRICT

Chief Brandhuber explained this is an ongoing agreement the District adopts which allows Golder Ranch Fire District to respond in the Tucson Fire Department area.

MOTION by Vice Chairperson Vette to approve and adopt the Backup Ambulance Coverage Intergovernmental Agreement between Tucson Fire Department and Golder Ranch Fire District

MOTION SECONDED by Board Member Brady

MOTION CARRIED 5/0

- B. DISCUSSION AND POSSIBLE ACTION REGARDING THE NONCRIMINAL JUSTICE AGENCY (NCJA) POLICY

Chief Brandhuber asked HR Director Delong to present this item to the Governing Board.



HR Director Delong explained that the NonCriminal Justice Agency (NCJA) is the agency used to run fingerprints and do background checks. Human Resources went through a regular audit with the agency, and this is a policy they require agencies they work with, to adopt.

Board Member Brady asked if this is for all people the District does fingerprinting for.

HR Director Delong clarified this only applies to GRFD employees.

MOTION by Board Member Shellenberger to approve and adopt the NonCriminal Justice Agency (NCJA) policy

MOTION SECONDED by Vice Chairperson Vette

MOTION CARRIED 5/0

C. DISCUSSION AND POSSIBLE ACTION REGARDING POLICY 1026- DRUG- AND ALCOHOL-FREE WORKPLACE

Chief Brandhuber explained this policy goes back to a year ago when the Board adopted a medical marijuana procedure for future implementation, which would allow employees to possess a medical marijuana card through the State. This card is only issued when a physician deems a medical reason for it. Leadership did a lot of work behind the scenes to ensure if the medical marijuana policy was adopted, that the District was protected, the public was protected, and the employees were protected. Friday, he met with the district's occupational health provider, and they said they would not support the medical marijuana policy the District presented. Chief Brandhuber thought it was still important to present this to the Board to get their input. He said he would not give up on this. There are other occupational health providers available, which staff will research. He conveyed his belief that medical marijuana has a legitimate purpose. Chief Brandhuber stated he supports the medical marijuana policy. It allows employees with medical clearance cards to use it for medically necessary reasons. He stated there are safeguards included to protect the District, protect the public, and protect the employees. But employees can't use medical marijuana if the District's occupational provider will not recognize the employee as fit for duty.

President Jones stated he agreed with Chief Brandhuber, and he too supported the medical marijuana policy. As of last week, he thought we had done everything we needed to do. The Union supports this policy. He believes it is a benefit and a commitment to the health and safety of the employees. The Union would like to see the policy move forward with the provision that the District finds an occupational provider that supports the policy.

Board Member Brady asked if the occupational provider was a state agency.



Chief Brandhuber answered the occupational provider was a local business the District used.

Vice Chairperson Vette asked if the item should be tabled.

Chief Brandhuber replied the Governing Board could do this. If there were questions the Board had, he would be happy to answer them. He thought it was important to have a discussion with the Board, if they had any concerns, he would be willing to address them.

Chairperson Cox Golder asked if other fire districts/departments have a medical marijuana policy. She recommended inquiring as to who they use as an occupational health provider.

Chief Brandhuber responded, in speaking with attorneys, he believed GRFD was leading the way. The District has been progressive. He explained what other departments/districts have chosen to do is take THC off the drug test panel. The problem with this is if an employee is in an accident, law enforcement takes over and their test will include testing for THC. Chief Brandhuber wants to have testing in place for impairment so if something does occur, the employee has already been tested for impairment. He said other districts/departments have chosen to just ignore it completely. He wanted to have something in place.

Board Clerk Outlaw asked if the policy could be adopted contingent upon finding an occupational provider that would work with the District on the medical marijuana policy. That would move the policy along and express the Board's support for it. Legally it would not be in place until the District has permission from the occupational health provider.

Attorney Aversa stated yes, the policy could be adopted if the Board wanted to show support for the policy, contingent on finding an occupational provider that supports the policy. The Board would have to revisit it again, once a provider was in place that would show support to work with the policy. Attorney Aversa deferred to HR Director Delong.

HR Director Delong agreed with Attorney Aversa. She said the current policy would remain in place with employees. The new policy will be held while she, Chief Brandhuber, and President Jones sought a new provider. She clarified the Union would need to support the idea that the current policy remain in place for employees, with the new one allowing medical marijuana contingent upon finding a new provider.

President Jones said the Union would support this.

Attorney Aversa wanted to clarify for anyone listening to the discussion. No one is allowed to show up to work impaired. This discussion is about someone who is



legally issued a prescription medical marijuana card and is also fit for duty. This person would have gone through a comprehensive screening to look at the underlying reasons why the medical marijuana card was issued in the first place. The screening would include the manner of use, the timing of use, and so forth. It is never permissible to show up to work impaired. This is the District's way of managing a program where an employee is allowed to utilize a legal method to address a medical condition.

HR Director Delong clarified this wording is incorporated in the policy. She stated the basis for the drug- and alcohol-free workplace policy is that employees are never allowed to come to work impaired.

MOTION by Vice Chairperson Vette to approve and adopt Policy 1026- Drug- and Alcohol-Free Workplace contingent upon finding an occupational health provider that supports the medical marijuana policy

MOTION SECONDED by Board Member Shellenberger

MOTION CARRIED 5/0

Chief Brandhuber thanked the Board for their support of this policy. He thanked Board Clerk Outlaw for her idea to adopt it with a contingency. It reinforces the District's support of personnel.

D. DISCUSSION AND POSSIBLE ACTION REGARDING THE GOLDER RANCH FIRE DISTRICT RECONCILIATION AND MONTHLY FINANCIAL REPORT

Finance Director Christian presented the GRFD reconciliation and monthly financial report. He commented at the time the District was spending more than it was earning. However, the District would see an increase in property tax in October. Year-to-date the District has \$75,000 in the General Fund at the Pinal County Treasurer's Office and \$10 million at the Pima County Treasurer's Office. All cash in all accounts there was \$20 million. For ambulance billing, there were 582 transports in the month of August. In reference to wildfires, so far personnel have responded to thirty-eight fires, this was split between Federal and State fires. A lot of these are response for single resources and not everything had been billed yet.

MOTION by Board Member Shellenberger to approve and accept the Golder Ranch Fire District reconciliation and monthly financial report as presented.

MOTION SECONDED by Vice Chairperson Vette

MOTION CARRIED 5/0

9. FUTURE AGENDA ITEMS

The next regularly scheduled meeting will be October 21, 2025.

10. CALL TO THE PUBLIC

There were no public issues presented at this time.



11. ADJOURNMENT

MOTION by Board Member Brady to adjourn the meeting at 10:57 a.m.

MOTION SECONDED by Board Clerk Outlaw

MOTION CARRIED 5/0

Sandra Outlaw, Clerk of the Board
Golder Ranch Fire District





GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Grant Cesarek, Assistant Chief of Support Services

MTG. DATE: October 21, 2025

SUBJECT: APPROVE AND ADOPT THE BASIC ORDERING AGREEMENT WITH THE FEDERAL BUREAU OF INVESTIGATION (FBI) TO CONTINUE LEASING COMMUNICATION HARDWARE SPACE AT THE GRFD STATION 370 LOCATION

ITEM #: 6B

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☒ Legal Review

BACKGROUND

Staff is requesting approval of a 10 year extension of the Basic Ordering Agreement (BOA) with the Federal Bureau of Investigation (FBI). GRFD and the FBI entered into this agreement in 2015, the initial term has expired and the FBI has requested the extension. The BOA leases space in the communication room at GRFD station 370 and on the communications tower for the FBI to locate and operate their communications hardware. The leased space does not impede or affect GRFD communications. The monthly payment of \$75 for the space would remain the same as previously agreed upon.

RECOMMENDED MOTION

If item remains on consent agenda:
Motion to approve the October 21, 2025, Consent Agenda

If the item is removed from consent agenda:
Motion to approve the 10 year extension of the Basic Ordering Agreement with the Federal Bureau of Investigation as presented.

BASIC ORDERING AGREEMENT BETWEEN

Golder Ranch Fire District

AND THE

FEDERAL BUREAU OF INVESTIGATION

This Basic Ordering Agreement (BOA) effective October 21, 2025, is between Golder Ranch Fire District, hereinafter referred to as "Licensor" and the Federal Bureau of Investigation (FBI), hereinafter referred to as "Licensee."

This BOA is entered into to provide services in accordance with the following:

Terms and Conditions described in Attachment 1;
The fees as described in Attachment 2;
The itemized pricing as described in the Antenna Site Equipment Itemization (ASEI).

All attachments are made a part herein.

Article I – Scope of Work

The maximum term of this BOA is ten years from effective date October 1st, 2025 through September 30, 2035.

The Licensor agrees to furnish services described herein as Licensee may order during the effective dates of the Agreement. The Licensor's obligation to the Licensee shall become effective upon the issuance date of the order.

Article II – Delivery of Services

The services specified in Attachment 1 shall be completed at Golder Ranch Fire Station (site name), located at 3835 E. Golder Ranch Drive Tucson, AZ 85739 (Premises).

Article III – Payment/Fixed Prices

The Licensee shall be entitled to purchase services listed in Attachment 1, at the fees described in Attachment 2.

Article IV – Administrative Matters

Licensor POC

Name: Golder Ranch Fire District
Address: 1600 E. Hanley Boulevard
Oro Valley, AZ 85737
Phone: 520-825-9001
Fax: _____
Email: gcesarek@grfdaz.gov

Licensee Contract Administration POC

Name: Jacqueline Nma Nichols
Address: ERF,REU, Building 27958
Quantico VA 22135
Phone: 703-985-3051
Fax: _____
Email: JNICHOLS@fbi.gov

Licensee Local Point of Contact

Telecommunications Manager: Erik S. Herber
Address: 21711 N. 7th St
Phoenix, AZ 85024
Phone: 602-725-7277
Fax: _____
Email: esherber@fbi.gov

Each of the parties executing this Agreement on behalf of the Licensor and Licensee represents and warrants that such party (i) is a duly authorized representative, (ii) has full right and authority to enter into this Agreement, and (iii) that any person signing on behalf of such party is authorized to do so. Upon either party's request, the other party shall provide evidence reasonably satisfactory to the requesting party confirming the foregoing warranties. This BOA and attachments contain the entire agreement between the parties regarding the tower and the property for the Licensee's operations. This Agreement shall extend to and bind the heirs, executors, administrators, successors, and assignees of the parties hereto.

LICENSOR:

GOLDER RANCH FIRE DISTRICT

BY: VICKI COX GOLDER, GRFD GOVERNING BOARD CHAIRPERSON

DATE: October 21, 2025

LICENSEE:

U.S.DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

BY: _____

DATE: _____

ATTACHMENT 1 TERMS AND CONDITIONS

1. AGREEMENT

Licensor hereby gives permission, revocable and terminable as hereinafter provided, to Licensee to enter the Premises for the purpose of using it for the improvements to its communications system equipment and operations (hereinafter referred to as the "Improvements"). Said Improvements shall be located so as to not interfere with any of the Licensee's operations.

2. USE OF PREMISES

Licensee shall be permitted to use the Premises for the operation of communications equipment and related purposes. Licensee shall not be permitted to use the Premises for any other purpose except by prior written permission of Licensor.

For rooftop installations, Licensee acknowledges that Licensor may decide, in its sole discretion, from time to time, to make repairs to the roof of the building on the Property or to replace all or part of the roof of the building on the Property. If Licensor elects to make roof repairs, Licensee will, upon Licensor's request, and at Licensor's cost, temporarily remove or relocate Licensee's rooftop Improvements so that the roof repairs may be completed.

Licensor shall have the right to change the location of the Improvements (including relocation of Improvements on the tower to an elevation used by other site users) upon sixty (60) days written notice to Licensee, provided that said change does not, when complete, materially alter the signal pattern of the Improvements existing prior to the change. Any such relocation shall be performed in a manner approved by Licensee at Licensor's expense and with reasonably minimal disruption to Licensee's operations and shall be evidenced by an amendment to this agreement.

3. TERM

The initial term of this Agreement shall run from 10/1/2025 to 9/30/2026 (base year). Licensee may extend the term of this Agreement for up to nine (9) additional one-year option periods. Each option period shall run from October 1 until September 30 so as to conform to the Government's fiscal year. Extension of this agreement beyond September 30 is contingent upon Congressional approval of the funding needed to cover this agreement.

Licensor or Licensee may terminate this Agreement, without cause or penalty, at any time by providing three (3) months' written notice to the other party of its termination.

- ☒ Licensee **is** required to remove all antennas and feed line upon termination of this agreement.
☐ Licensee **is not** required to remove all antennas and feed line upon termination of this agreement.

4. ACCESS

Licensor shall provide Licensee access to the Premises at all times for the uses authorized herein.

5. MAINTENANCE

Licensor, at Licensor's sole cost and expense, shall maintain the Premises (excluding Licensee's Improvements) and the access to the Premises in good order and repair. Licensor, will, at Licensor's sole expense, provide for interior maintenance and repairs, as applicable, of the Property in accordance with generally accepted good practices. Damage resulting from the acts or omissions of Licensee shall be repaired by Licensee at the Licensee's sole cost and expense. The costs of any maintenance and operations of the Licensee's Improvements, unless otherwise provided herein, shall be at the sole expense of Licensee.

6. LIABILITY FOR INJURIES

Pursuant to the terms and conditions of the Federal Tort Claims Act (Title 28 U.S.C., Sections 1346(b), 2671-2680), Licensee has financial responsibility for claims for personal or property damage, including death, arising out of the acts, omissions, or negligence of the Licensee, or its employees acting within the scope of their employment in relation to this Agreement. Claims for tort damages shall be submitted and adjudicated in accordance with the procedures of the Federal Tort Claims Act and applicable law. Additionally, in the event an FBI employee conducting official business related to its activities under this Agreement is injured, the

FBI agrees to process and forward claims for employee workers compensation to the United States Department of Labor (USDOL) pursuant to the Federal Employees Compensation Act (Title 5, U.S.C., Section 8108, et. Seq.) and pertinent regulations promulgated by the USDOL. The parties will cooperate to ensure that all claims subject to these authorities are promptly addressed and resolved. Except as otherwise provided in this BOA, neither party shall be liable to the other for any claim that either may have against the other with respect to the recovery of any incidental, consequential, indirect, special, punitive or exemplary damages.

7.INSURANCE

Licensee, as an agency of the United States Government, is self-insured and shall not be required to obtain insurance under this agreement

8.INTERFERENCE

In the event the Licensor determines that the operation of the Improvements by Licensee is the cause of interference to transmission and/or reception of any other communications systems in use in the vicinity of the Premises, Licensee shall take all appropriate steps necessary to mitigate said interference within forty-eight (48) hours of receiving written notice.

9.PERMIT

Licensee is responsible for obtaining and paying the costs of all permits, licenses or other approvals by any regulatory body having jurisdiction over the uses authorized herein.

10.COMPLIANCE

Should Licensee fail or neglect to comply with any terms or conditions of this BOA or to comply with any reasonable requirement of Licensor after thirty (30) days' written notice and demand from Licensor, this BOA shall be subject to termination by Licensor. In the event of such termination, Licensee shall immediately remove any and all of its Improvements from the Premises and surrender all rights and privileges under this Agreement.

11.POSTING OF FREQUENCIES

All Federal Government frequencies are authorized by the Department of Commerce (DOC) and are exempt from disclosure under the Freedom of Information Act, Title 5, USC, Section 552 (b) (2), (b) (4), and (b) (7). Frequencies cannot be posted at communications sites. Copies of DOC frequency authorizations can be provided to communications Licensor upon request.

12.ASSIGNMENT

Licensor shall not assign this Agreement, or sublease all or any part of its rights and obligations hereunder, without the prior written notice to Licensee. The written notice shall include documents describing the proposed transaction, e.g. purchase/sale agreement or memorandum of understanding. The new Licensor shall assume all of Licensor's obligations under this Agreement and must fully perform all obligations that may exist under this Agreement following the date of such assignment and assumption. The transferring Licensor shall waive all rights under this BOA arising against the Licensee subsequent to the date of such assignment. Nothing in this Agreement shall relieve the parties from compliance with any federal law.

13 DISPUTES

Disputes under this BOA shall be resolved in accordance with the FAR 52.233-1, 41 USC 601-613 Disputes and Appeals.

14.PAYMENTS

In compliance with the Debt Collection Improvement Act of 1996, all federal payments will be made by electronic funds transfer (EFT).

ATTACHMENT 2

Licensee shall pay rental fees as defined in the itemization schedule included in this agreement. Rent shall be owed per antenna and per floor space as specified therein. Each antenna and floor space will escalate annually by the escalation factor indicated below. Licensee may remove, without penalty, one or more itemized antennas or floor spaces during the term of this agreement. Licensee shall provide Licensor (3) months' notice prior to removal of these items. The monthly recurring rent will be reduced accordingly. Licensee may request additional antenna space. Licensor may accommodate such requests with an itemization for each new antenna. Requests for additional floor spaces, if accommodated, will increase the total floor space monthly recurring rent based on the initial and escalated floor space itemization.

The rental fees shall include the cost of electricity for the Licensee's Improvements. Payments shall be made payable Monthly in arrears. Licensee shall be liable for late payments in accordance with the terms and provisions of the FAR 52.232-25 Prompt Payment, (late payment interest penalties are computed in accordance with the Office of Management and Budget prompt payment regulations at Title 5 CFR 1315). Payment will be made by Electronic Funds Transfer Other Than Central Contractor Registration in accordance with FAR Clause 52.232-34.

Renewal of this Agreement for each successive year shall be on the same terms and conditions as set forth herein except that fee shall be increased by 0% % over the rent paid during the preceding term for each renewal period. For convenience, the total of all itemized antennas and floor spaces on the Antenna Site Equipment Itemization (ASEI) are identified cumulatively below. This monthly recurring cost is contingent upon the number of antennas and floor spaces remaining in use during any option period.

Rent begins on 11/2025 Month/Year

FY23	Base Year	\$ 75.00	Monthly
FY24	Option Year 1	\$ 75.00	Monthly
FY25	Option Year 2	\$ 75.00	Monthly
FY26	Option Year 3	\$ 75.00	Monthly
FY27	Option Year 4	\$ 75.00	Monthly

FY28	Option Year 5	\$ 75.00	Monthly
FY29	Option Year 6	\$ 75.00	Monthly
FY30	Option Year 7	\$ 75.00	Monthly
FY31	Option Year 8	\$ 75.00	Monthly
FY32	Option Year 9	\$ 75.00	Monthly

The Federal Government has created the System for Award Management (SAM.gov) <https://www.sam.gov/portal/public/SAM/>. This system increases visibility of vendor sources for specific supplies and services as well as establishes a common source of vendor data for the Federal Government. Every vendor registered in SAM.gov has a Unique Entity ID (UEI) number. Payments to vendors are sent to the banking information that is tied to the UEI number in SAM.gov. The banking information that the vendor enters into SAM.gov is not accessible to anyone other than the vendor. It is necessary for the Site Owner/Manager to ensure that the FBI has the UEI number which has the current banking account information which the Site Owner/Manager desires the FBI to direct payments to. The Site Owner/Manager is required to keep the SAM.gov registration up-to-date and to ensure the banking information is accurate.

Tax Identification Number: _____

Unique Entity ID Number (mandatory): 86-0339693



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Adam Jarrold, Deputy Chief

MTG. DATE: October 21, 2025

SUBJECT: APPROVE AND ADOPT RESOLUTION 2025-0010 TO DECLARE ITEMS AS SURPLUS AND DIRECTION TO STAFF TO SELL OR DONATE ITEMS TO NEIGHBORING FIRE DISTRICTS OR EDUCATIONAL INSTITUTIONS

ITEM #: 6C

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☒ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

GRFD has identified the attached lists of items that are no longer useful to the organization or have reached the end of their service life. The equipment can still be used by neighboring fire districts or educational institutions.

RECOMMENDED MOTION

If the items remains on consent agenda:
Motion to approve the October 21, 2025 Consent Agenda

If the item is removed from the consent agenda:
Motion to adopt Resolution 2025-0010 to declare items as surplus and direction to staff to sell or provide items to neighboring fire districts or educational institutions.

Listed below are the items that are being requested to be surplused during the October 21, 2025 Governing Board Meeting.

Matco HD scanner 1st generation



Matco oscilloscope



Water Tender Shop 0021

1999 Freightliner FL-80

Miles 21,630



2008 Hale QMAX water pump 1500GPM

Replaced due to cavitation and age

Damaged beyond repair



GOLDER RANCH FIRE DISTRICT

Fire ~ Rescue ~ Ambulance
1600 E. Hanley Boulevard
Oro Valley, AZ 85737

Chief Tom Brandhuber

RESOLUTION NO. 2025-0010

A RESOLUTION OF THE GOVERNING BOARD OF THE GOLDER RANCH FIRE DISTRICT DECLARING THE LISTED ITEMS AS SURPLUS AND DIRECTION TO STAFF TO DISPOSE OF THE DECLARED SURPLUS ITEMS IN SUCH A WAY THAT BEST MEETS THE NEEDS OF THE DISTRICT

The Golder Ranch Fire District Governing Board hereby adopts and sets forth the following Resolution:

WHEREAS, the Golder Ranch Fire District is a fire district and political subdivision of the State of Arizona, and is duly organized and existing pursuant to the constitution and laws of the State; and

WHEREAS, the Golder Ranch Fire District is the owner of the list of District property as described in Exhibit A, attached to this document, as surplus to the needs of the District; and

WHEREAS, the Golder Ranch Fire District has determined that the items listed in Exhibit A are no longer of any value to the District, do not serve a useful function and are not required for the continued effective operation of the District.

NOW, THEREFORE, BE IT RESOLVED; the Governing Board of the Golder Ranch Fire District declares the item listed on Exhibit A, attached to this resolution, as surplus property and is no longer of need to the District; and

BE IT FURTHER RESOLVED that the Golder Ranch Fire District Governing Board directs staff to dispose of such declared items in a way that best meets the needs of the District in accordance with state statutes.



GOLDER RANCH FIRE DISTRICT

Fire ~ Rescue ~ Ambulance
1600 E. Hanley Boulevard
Oro Valley, AZ 85737

Chief Tom Brandhuber

ADOPTED AND APPROVED on this 21st day of October 2025 at a duly noticed public meeting of the Golder Ranch Fire District Governing Board.

Vicki Cox-Golder
Chairperson of the Governing Board
of the Golder Ranch Fire District

ATTEST:

Sandra Outlaw
Clerk of the Governing Board
of the Golder Ranch Fire District



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Tom Brandhuber, Fire Chief

MTG. DATE: October 21, 2025

SUBJECT: FIRE CHIEF'S REPORT

ITEM #: 7A

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This allows for the fire chief to provide updates to the governing board on the following areas:

- Meetings/Trainings and Events Attended
- Political & Public Safety Interactions
- District Activities
- Personnel
- Commendations/Thank You Cards Received
- Board Services
- Human Resources

Also, under this agenda item the Local 3832 President will present the Union's report to the Governing Board.

- Leadership Team Report – President Jones

RECOMMENDED MOTION

No motion is necessary for this agenda item.



FIRE CHIEF'S REPORT

Tom Brandhuber

September 2025

Fire Chief's Activities



- Attended monthly District Governing Board meeting
- Attended Town of Oro Valley Town Council meeting
- Attended BC Seeley retirement breakfast
- Attended the GRFD's Culture Workshop
- Attended Southern Arizona Make-A-Wish Council meeting
- Attended Pima Fire Chiefs' Association meeting
- Attended two funeral services in Show Low for the Timber Mesa Fire Department line of duty deaths
- Attended the Fiesta De Los Bomberos dinner
- Attended the POW MIA Remembrance Day with district personnel and Oro Valley Council members
- Attended wellness meeting with HR, Crest, and Cigna representatives to discuss health and wellness plans for the District
- Attended District Struggle Well presentations from personnel
- Opened the District Struggle well course
- Held weekly executive leadership team meetings (Deputy Chiefs-Assistant Chiefs-Directors)

- Held monthly Fire Chief Status update meeting.
- Chaired the monthly Arizona Ambulance Association Board meeting
- Met with Medical Direction, Northwest Fire District, Tucson Fire Department for updates and upcoming opportunities with EMS auto aid
- Various meetings with personnel
- Participated in multiple Statewide Stakeholders meetings to address future CON statutory changes extreme heat and its effect on responders
- Meetings with President Jones Local 3832

Thank You Correspondence/Commendations

- The SaddleBrooke Rotary Club sent a thank you card for the Community Risk Reduction team and FLS Fire Inspector Darla King for participating in the San Manuel High School Trade Fair and College Consortium.
- A thank you email was received for Community Resource Technician, Zayn De La Garza for assisting a resident.

Board Services

Board Services Supervisor- Shannon Ortiz

Results:

100 % of records requests fulfilled within a statutory time frame (17/17)
 100% of board reports published on time (1 out of 1)

Outputs:

1 Governing Board meeting supported for the month of September
 Records responded to 17 records requests for the month of September.

The breakdown is as follows:

Environmental Reports	-
Outstanding Code Violations/Inspection Report	3
Fire Reports	2
Incident Reports	-
Medical Records	11
Other	1

Sixty-five fingerprint appointments were conducted in the month of September.

Demands:

Board Services anticipates twelve regular session and two special session GRFD Governing Board

meetings based on the number of meetings held in the past.

Board Services anticipates 15 records requests to be received a month for a twelve-month period for a total of 180 anticipated records requests for 2025.

Board Services anticipates 30 boxes of records will be destroyed in 2025.

On Tuesday September 16th and Wednesday September 17th, Records Specialist Wong along with Operations Support Supervisor Bravo and Pre-Billing Specialist Crisci participated in the Spark Hire interviews for the Administrative Assistant position.

The Arizona Municipal Clerks Association had a Region 7 meeting on September 23rd. Board Supervisor Ortiz hosted the meeting and attendees from the City of Tucson, Town of Marana, Town of Oro Valley, and the Pima County Recorder's Office discussed current topics in their respective agencies.

Year to date there are currently 27 boxes of records that are ready to be destroyed at the next shred scheduled for November 19th. A friendly reminder that departments and divisions can provide Records Specialist Wong their records that they no longer need. Any record that is destroyed must be reported to the State.

Thank you to Engineer Burriss and Paramedic Cruz Miranda for assisting with the front desk until the administrative assistant position could be filled.

Thank you to HR Specialist Debbie Fisher for facilitating the fingerprint appointments.

Human Resources

Allison Delong, HR Director

Recruitments:

- Recruit Firefighter – in process, final CPAT Test scheduled for October 27th
- Systems Specialist – welcome to Guy Perkins!
- Media Specialist – welcome to Sam Henson!
- Administrative Assistant – (first day 10/14) welcome to Michelle Chavez!
- Captain Promotion Process – in process, collecting applications
- Wildland Team Selection Process – in process, partnering with Wildland Team
- Facilities Maintenance Tech – in process, collecting applications

HR Program Metrics for Strategic Plan and Budget: 1/1/2025 – 9/30/2025

The below metrics are calendar year to date. The methodology of gathering and reporting may adjust as we work to determine the value, validity, and feasibility.

RESULTS

- **Retention Rate = 96.0%**
 - Suppression = 8
 - Administration = 4
- **% of employees compensated at 101% of the comparable market = 100%**
- **% of surveyed respondents are satisfied with the service received from Human Resources**
 - Working on the methodology of gathering data, no metrics to provide yet.
- **% of surveyed respondents that report they are satisfied with the benefits package**
 - Working on the methodology of gathering data, no metrics to provide yet.

OUTPUTS

- **# of medical leave cases handled = 44**
- **# employee internal and external recruitments conducted = 15**
- **# of candidate applications reviewed = 991**
- **# of light duty assignments coordinated = 13**
- **# of workers comp cases in process/processed = 36**
- **# of Personnel Action Forms processed = 425**
- **# of qualifying events administered = 64**
- **# of new hires oriented = 26**
- **# of spark hire video interviews reviewed = 453**
- **# employee benefits plans administered = 29**

DEMANDS

- **# medical leave cases expected to be requested = 40**
- **# employee recruitments expected to be requested = 13**
- **# of workers comp cases expected to be requested = 50**
- **# of Personnel Action Forms expected to be required = 480**

EFFICIENCIES

- **\$ program expenditures per GRFD employee**
 - Working on the methodology of gathering data, no metrics to provide yet.

IMPLEMENTATION PROJECTS:

Document Locator:

- In partnership with the Technology Division and the Project Manager, the Document Locator project is running smoothly and on schedule! We are excited about this transition over to an electronic filing system.

FMLA Vendor:

- We are switching FMLA third party administrators to The Standard who is currently one of our insurance providers. This transition will help streamline processes for our employees experiencing a personal medical leave. The project is tentatively scheduled to go live November 1.

Policies:

- Policies/Procedures under review by Executive Leadership Team/Leadership:
 - General Accounting Principles – drafted by Finance Director, reviewed by Policy Coordinator, formatted and placed in new ‘Departmental Specific Policies’ section on the intranet.
 - SOPs related to apparatus and vehicle driving, incidents, and requirements were combined into one procedure, 400 Apparatus Driving.
 - Social Media (policy 712) – drafted in coordination with CMR Supervisor Camarillo
 - Military Leave (policy 1040) - policy under review for necessary updates
 - Procurement (policy 212) – policy under review by Finance Supervisor
 - Noncriminal Justice Agency Policy – completed and approved, placed in ‘Departmental Specific Policies’ on the intranet.
 - Electric Vehicle/Hybrid Vehicle Fires (policy 919) – drafted by DV Rutherford, under ELT review
 - Apparatus/Vehicle Backing (policy 906) – draft revised to include maneuvering by policy coordinator, under review labor.
 - Donations Policy – being drafted by Finance Supervisor
 - Program Appraisals (Policy 233) – under review for revisions by AC Perry.
 - Recruitment and Selection (Policy 1000) – drafted ad under review with dept. leadership
 - Performance Evaluations (Policy 1001) – drafted and under review with dept. Leadership

Employee Recognitions:

Congratulations on your Golder anniversary, thank you for being such fabulous team members!

Employee Name	Hire Date	Years of Service
CHRISTIAN, DAVID WAYNE	10/04/2010	15
RASCON, HERMAN	10/18/2010	15
CANTUA, PHILLIP JESSE	10/17/2016	9
RANEY, CHARLES C	10/17/2016	9
MANUEL, JORDAN HANNAH	10/14/2024	1



THANK YOU FOR YOUR PARTICIPATION
IN THE SAN MANUEL HIGH SCHOOL
TRADE FAIR & COLLEGE CONSORTIUM

Sincerely,

The Rotary Club of SaddleBrooke

Thanks for
helping inspire
the students!
Pete Watson

SaddleBrooke Rotary

Deane Clements

Tom Lowry

Don Watson

Much
Appreciated!
J.

Thank you so much!!
Bre Venturo

From: [Hilderbrand, Jeremy](#)
To: [Ortiz, Shannon](#)
Subject: Fwd: The BEST
Date: Wednesday, September 17, 2025 4:07:30 PM
Attachments: [facebook_32x32_85c11dc1-b676-4fe5-97ac-67c17eec357e.png](#)
[instagram_32x32_2a7e1e5c-94c7-4538-abe3-1df1b681874e.png](#)
[x_32x32_4ebbdda7-18d2-4d79-9e5a-d9592863cd3b.png](#)

For the board report. Thanks!

Jeremy Hilderbrand
Deputy Chief - Community Risk Reduction



Golder Ranch Fire District
Office: 520.825.9001 **Cell:** 520.306.0005
1600 E. Hanley Blvd., Oro Valley, AZ 85737
jhilderbrand@grfdaz.gov
CFAI and CAAS ACCREDITED AGENCY
www.grfdaz.gov



Begin forwarded message:

From: Sandra S Gerlach <ssgerlach@me.com>
Date: September 17, 2025 at 15:35:08 MST
To: "Hilderbrand, Jeremy" <jhilderbrand@grfdaz.gov>
Subject: The BEST

I called Golder Ranch today as I've owned my home in Saddlebrooke for almost 4 years. The original owners bought the property in 2004.... My point is: I've never changed the batteries in my fire alarms... and have no idea if the original owners had them replaced. Zayn came over and checked the first fire alarm holder and found it was outdated.... so will be making a trip to Ace and buy new ones.... BUT as I was talking to Zayn, I told him I had been trying for the last 2 hours to put a water filter alarm together and connect it to my WIFI.... That wonderful young man.... just read the directions, and fixed it in no time. Even put one of the detectors under the dishwasher...(took off the plate on the bottom). ANYWAY, he is just about the most delightful, knowledgeable, kindness young man.... If I still had my business, I might steal him away from you! LOL. I prayer everyday for all of your safety....

Many Thanks, Sandra Gerlach

Sent from my iPad

INCIDENT TYPE CODE & DESCRIPTION	TOTALS	PERCENT
STATION #: Station 370		
140 - Natural vegetation fire, other	1	0.05%
150 - Outside rubbish fire, other	1	0.05%
300 - Rescue, EMS incident, other	2	0.10%
311 - Medical assist, assist EMS crew	1	0.05%
320 - Emergency medical service, other	1	0.05%
321 - EMS call, excluding vehicle accident with injury	72	3.68%
322 - Motor vehicle accident with injuries	1	0.05%
324 - Motor vehicle accident with no injuries.	3	0.15%
400 - Hazardous condition, other	1	0.05%
412 - Gas leak (natural gas or LPG)	1	0.05%
413 - Oil or other combustible liquid spill	1	0.05%
500 - Service call, other	1	0.05%
511 - Lock-out	3	0.15%
540 - Animal problem, other	1	0.05%
541 - Animal problem	24	1.23%
541S - Snake Call	33	1.68%
550 - Public service assistance, other	3	0.15%
553SI - Smoke Detector Install	5	0.26%
553SM - smoke detector maint	24	1.23%
561 - Unauthorized burning	1	0.05%
600 - Good intent call, other	2	0.10%
611 - Dispatched and cancelled en route	7	0.36%
622 - No incident found on arrival at dispatch address	4	0.20%
700 - False alarm or false call, other	1	0.05%
Total: 194		Total: 9.90%
STATION #: Station 372		
321 - EMS call, excluding vehicle accident with injury	7	0.36%
541 - Animal problem	6	0.31%
541S - Snake Call	10	0.51%
550 - Public service assistance, other	1	0.05%
553SI - Smoke Detector Install	1	0.05%
553SM - smoke detector maint	11	0.56%
733 - Smoke detector activation due to malfunction	1	0.05%
Total: 37		Total: 1.89%
STATION #: Station 373		
	0	0.00%
311 - Medical assist, assist EMS crew	1	0.05%
321 - EMS call, excluding vehicle accident with injury	144	7.35%
412 - Gas leak (natural gas or LPG)	1	0.05%
510 - Person in distress, other	1	0.05%
520 - Water problem, other	1	0.05%
541 - Animal problem	32	1.63%
541S - Snake Call	11	0.56%
550 - Public service assistance, other	5	0.26%
553SI - Smoke Detector Install	8	0.41%
553SM - smoke detector maint	47	2.40%
611 - Dispatched and cancelled en route	1	0.05%
611C - Dispatched and cancelled on scene	1	0.05%
622 - No incident found on arrival at dispatch address	8	0.41%
Total: 261		Total: 13.32%
STATION #: Station 374		
320 - Emergency medical service, other	1	0.05%
321 - EMS call, excluding vehicle accident with injury	89	4.54%

INCIDENT TYPE CODE & DESCRIPTION	TOTALS	PERCENT
510 - Person in distress, other	1	0.05%
511 - Lock-out	1	0.05%
541 - Animal problem	40	2.04%
541S - Snake Call	36	1.84%
550 - Public service assistance, other	8	0.41%
551 - Assist police or other governmental agency	1	0.05%
553 - Public service	1	0.05%
553SI - Smoke Detector Install	1	0.05%
553SM - smoke detector maint	17	0.87%
555 - Defective elevator, no occupants	1	0.05%
611 - Dispatched and cancelled en route	2	0.10%
622 - No incident found on arrival at dispatch address	4	0.20%
671 - HazMat release investigation w/no HazMat	1	0.05%
700 - False alarm or false call, other	1	0.05%
730 - System malfunction, other	1	0.05%
745 - Alarm system activation, no fire - unintentional	1	0.05%
Total: 207		Total: 10.57%
STATION #: Station 375		
	0	0.00%
300 - Rescue, EMS incident, other	1	0.05%
321 - EMS call, excluding vehicle accident with injury	90	4.59%
322 - Motor vehicle accident with injuries	3	0.15%
324 - Motor vehicle accident with no injuries.	1	0.05%
341 - Search for person on land	1	0.05%
531 - Smoke or odor removal	1	0.05%
541 - Animal problem	77	3.93%
541S - Snake Call	76	3.88%
550 - Public service assistance, other	4	0.20%
553 - Public service	1	0.05%
553SI - Smoke Detector Install	5	0.26%
553SM - smoke detector maint	21	1.07%
600 - Good intent call, other	1	0.05%
611 - Dispatched and cancelled en route	8	0.41%
622 - No incident found on arrival at dispatch address	4	0.20%
700 - False alarm or false call, other	1	0.05%
Total: 295		Total: 15.06%
STATION #: Station 376		
321 - EMS call, excluding vehicle accident with injury	88	4.49%
322 - Motor vehicle accident with injuries	1	0.05%
324 - Motor vehicle accident with no injuries.	2	0.10%
445 - Arcing, shorted electrical equipment	1	0.05%
500 - Service call, other	1	0.05%
540 - Animal problem, other	2	0.10%
541 - Animal problem	46	2.35%
541S - Snake Call	31	1.58%
550 - Public service assistance, other	2	0.10%
553SM - smoke detector maint	10	0.51%
611 - Dispatched and cancelled en route	2	0.10%
622 - No incident found on arrival at dispatch address	2	0.10%
700 - False alarm or false call, other	1	0.05%
Total: 189		Total: 9.65%
STATION #: Station 377		
131 - Passenger vehicle fire	1	0.05%
300 - Rescue, EMS incident, other	1	0.05%
321 - EMS call, excluding vehicle accident with injury	107	5.46%

INCIDENT TYPE CODE & DESCRIPTION	TOTALS	PERCENT
324 - Motor vehicle accident with no injuries.	1	0.05%
511 - Lock-out	1	0.05%
522 - Water or steam leak	1	0.05%
541 - Animal problem	38	1.94%
541S - Snake Call	30	1.53%
550 - Public service assistance, other	2	0.10%
553SM - smoke detector maint	6	0.31%
611 - Dispatched and cancelled en route	7	0.36%
611C - Dispatched and cancelled on scene	1	0.05%
622 - No incident found on arrival at dispatch address	6	0.31%
736 - CO detector activation due to malfunction	1	0.05%
	Total: 203	Total: 10.36%
STATION #: Station 378		
	0	0.00%
321 - EMS call, excluding vehicle accident with injury	35	1.79%
500 - Service call, other	1	0.05%
541 - Animal problem	26	1.33%
541S - Snake Call	11	0.56%
550 - Public service assistance, other	1	0.05%
553SI - Smoke Detector Install	1	0.05%
553SM - smoke detector maint	10	0.51%
611 - Dispatched and cancelled en route	3	0.15%
622 - No incident found on arrival at dispatch address	4	0.20%
700 - False alarm or false call, other	1	0.05%
	Total: 93	Total: 4.75%
STATION #: Station 379		
	0	0.00%
111 - Building fire	1	0.05%
321 - EMS call, excluding vehicle accident with injury	107	5.46%
322 - Motor vehicle accident with injuries	3	0.15%
324 - Motor vehicle accident with no injuries.	1	0.05%
411 - Gasoline or other flammable liquid spill	1	0.05%
444 - Power line down	1	0.05%
520 - Water problem, other	1	0.05%
541 - Animal problem	50	2.55%
541S - Snake Call	39	1.99%
553SI - Smoke Detector Install	2	0.10%
553SM - smoke detector maint	10	0.51%
611 - Dispatched and cancelled en route	4	0.20%
611C - Dispatched and cancelled on scene	1	0.05%
622 - No incident found on arrival at dispatch address	4	0.20%
700 - False alarm or false call, other	1	0.05%
746 - Carbon monoxide detector activation, no CO	1	0.05%
	Total: 227	Total: 11.59%
STATION #: Station 380		
	0	0.00%
100 - Fire, other	1	0.05%
131 - Passenger vehicle fire	1	0.05%
321 - EMS call, excluding vehicle accident with injury	128	6.53%
322 - Motor vehicle accident with injuries	1	0.05%
323 - Motor vehicle/pedestrian accident (MV Ped)	1	0.05%
324 - Motor vehicle accident with no injuries.	1	0.05%
422 - Chemical spill or leak	1	0.05%
511 - Lock-out	1	0.05%
541 - Animal problem	58	2.96%

INCIDENT TYPE CODE & DESCRIPTION	TOTALS	PERCENT
541S - Snake Call	37	1.89%
550 - Public service assistance, other	1	0.05%
551 - Assist police or other governmental agency	1	0.05%
553SM - smoke detector maint	3	0.15%
600 - Good intent call, other	1	0.05%
611 - Dispatched and cancelled en route	7	0.36%
622 - No incident found on arrival at dispatch address	4	0.20%
700 - False alarm or false call, other	1	0.05%
736 - CO detector activation due to malfunction	1	0.05%
740 - Unintentional transmission of alarm, other	1	0.05%
745 - Alarm system activation, no fire - unintentional	2	0.10%
746 - Carbon monoxide detector activation, no CO	1	0.05%
	Total: 253	Total: 12.91%
	Total: 1,959	Total: 100.00%



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Eric Perry, Assistant Chief of Community Risk Reduction

MTG. DATE: October 21, 2025

SUBJECT: COMMUNITY RISK REDUCTION ASSISTANT CHIEF'S REPORT

ITEM #: 7B

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☐ Fire Chief ☐ Legal Review

BACKGROUND

This allows for the Support Services Assistant Chief to provide updates to the Governing Board on the following areas:

- Community Education, Engagement, and Risk Reduction
- Finance
- Fire Prevention

RECOMMENDED MOTION

No motion is necessary for this agenda item.



COMMUNITY RISK REDUCTION DIVISION REPORT

Assistant Chief Eric Perry

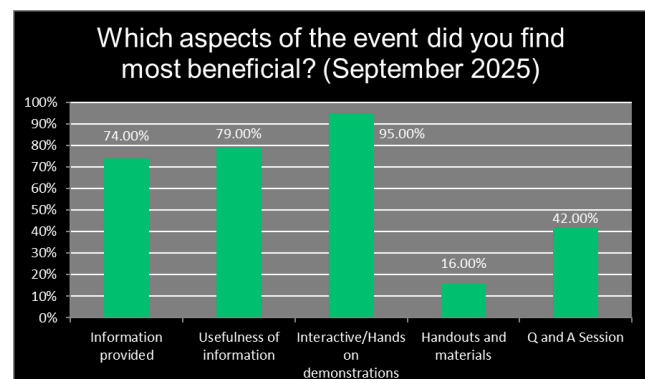
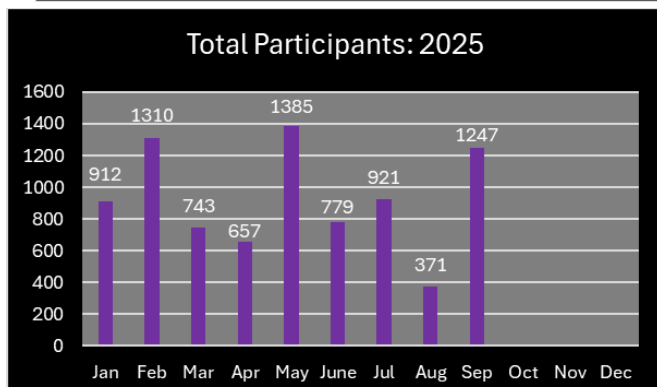
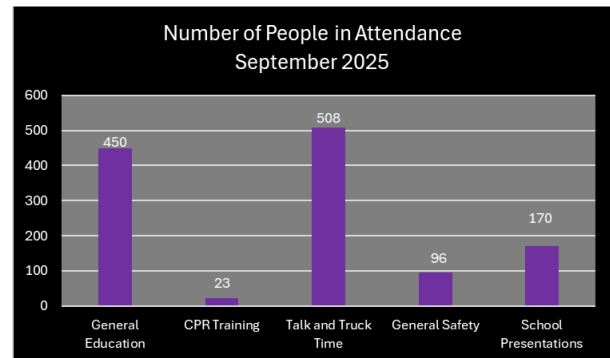
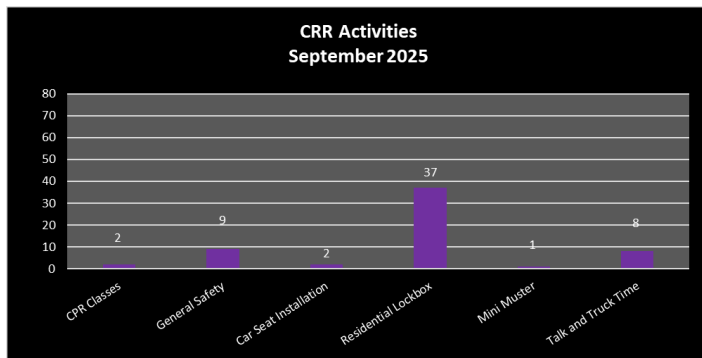
September 2025

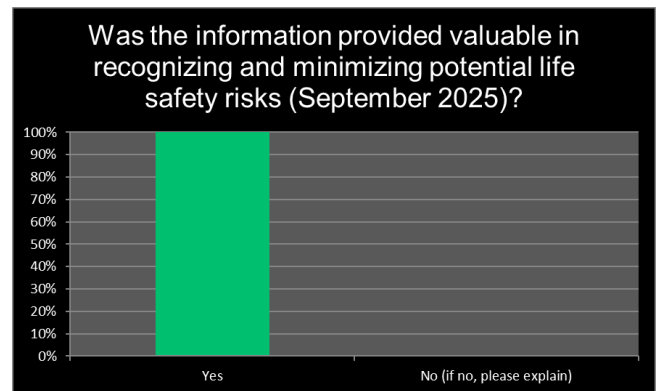
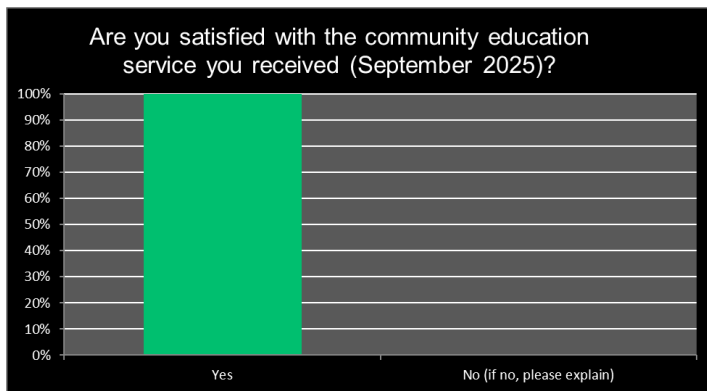
Assistant Chief's Activities

- Fiscal year end program appraisals have been completed, however the summary findings will be presented to the board in November.
- We are working to finalize internal and external surveys related to customer and employee satisfaction. This is to establish a baseline measure for multiple strategic results as well as program metrics in the strategic plan.
- We continue to have problems with 311 access in Pinal County. I am attempting to set up a meeting with Supervisor McClure to discuss possible ways forward, but residents have been advised to use the alternate number to connect.
- At the end of this month we transition our Deputy Chiefs to their new roles. I want to say thank you to Deputy Chief Hilderbrand for his work setting the foundation of our community education, engagement, and risk reduction division. He has done a great job and will continue that in his next role. We are also excited to welcome Deputy Chief Mark Wilson as the new Deputy Chief of Community Risk Reduction.

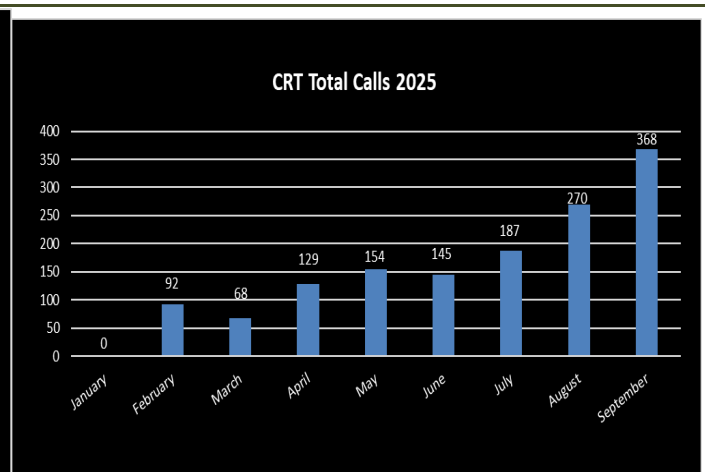
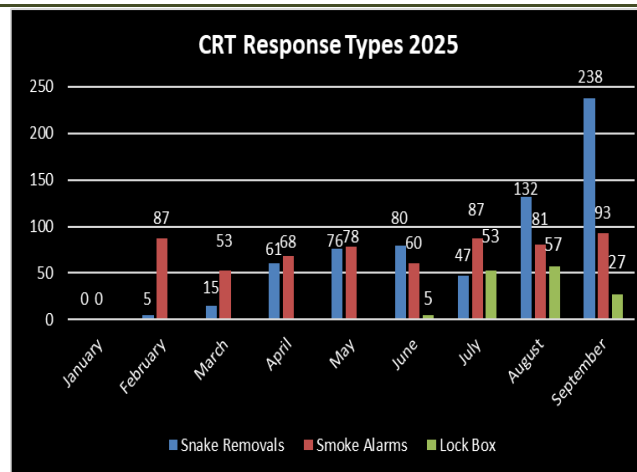
Community Education, Engagement & Risk Reduction

Deputy Chief of Community Risk Reduction – Jeremy Hilderbrand





Number of surveys returned: 19



- Mini muster season has started, and our Community Educators are busy providing fire safety tips to elementary schools across the district. Crews are assisting and providing useful interaction between firefighters and students.
- Community Educator Tiffany Massie attended and successfully completed the Fire Educator I program at Arizona State Fire School.

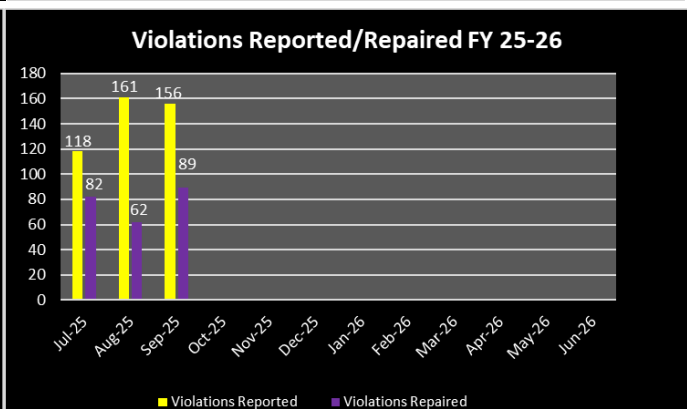
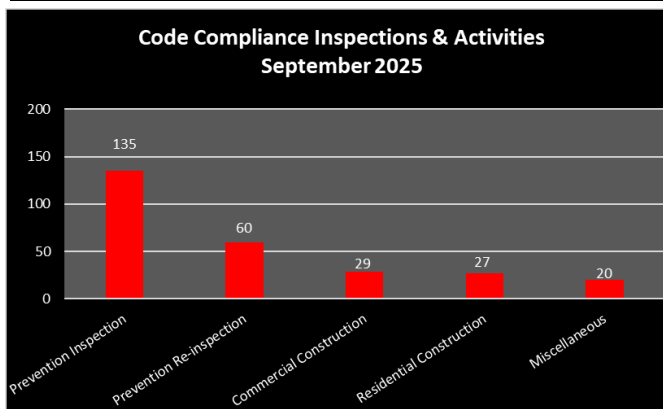
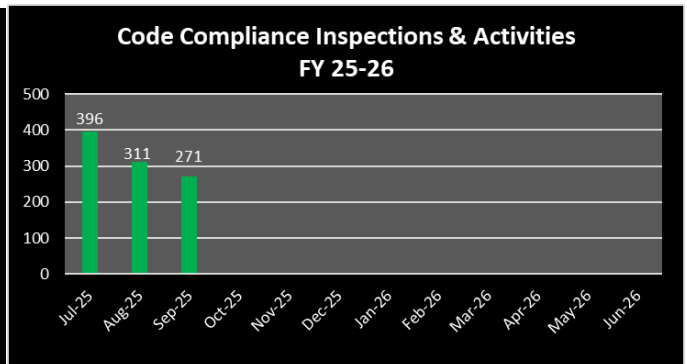
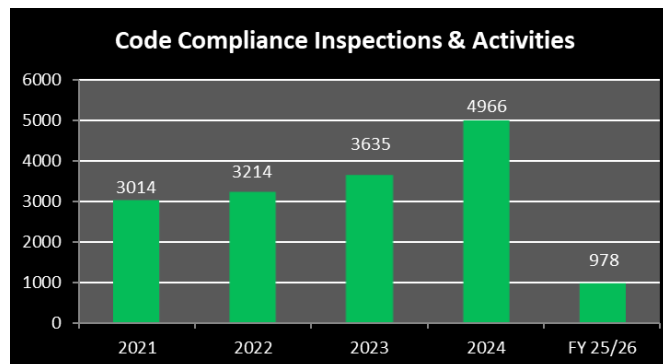
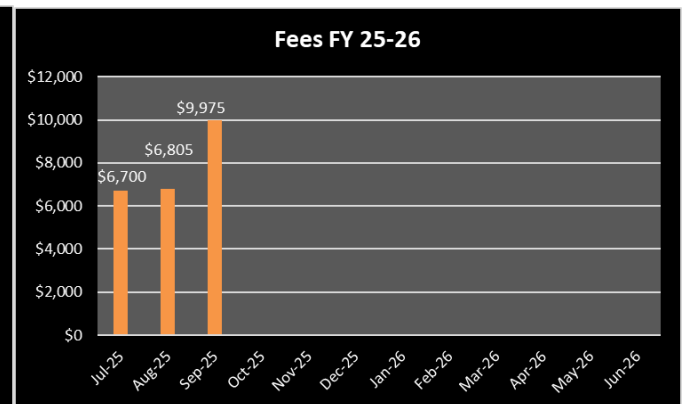
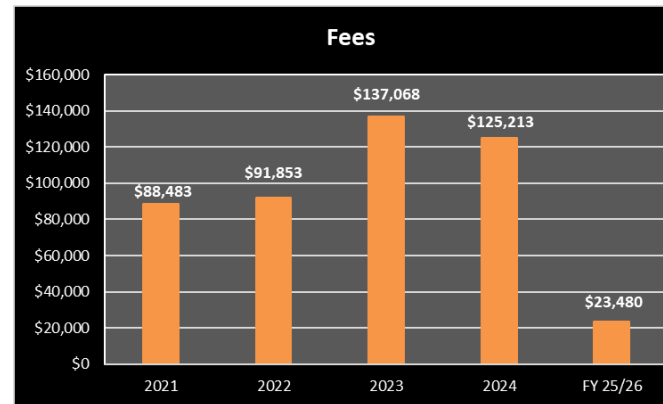
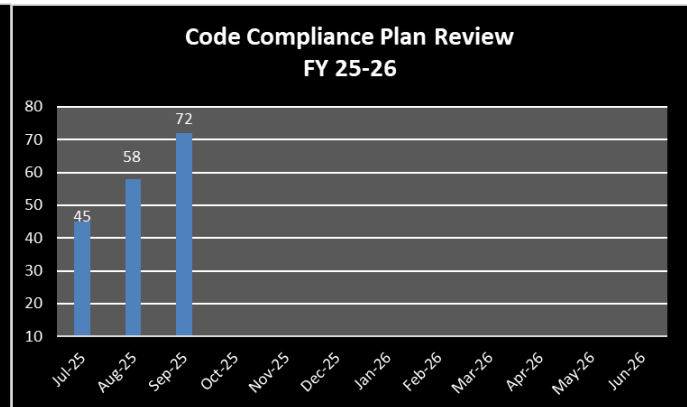
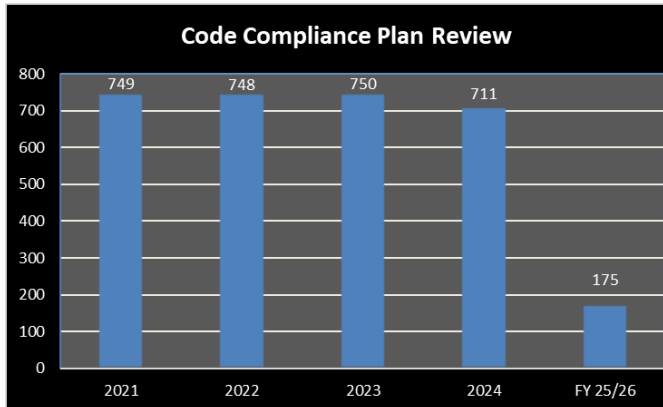
	DEMANDS (FULL YEAR)	
	50	#Of WL billings expected to be required
	1,500	#Of EMS memberships expected
	5,000	#Of transports processed/biller
	8,060	#Of payroll payments expected
	10,200	#Of vendor payments expected

OUTPUTS (MO)	OUTPUTS (YTD)	
0	6	Wildland billings provided
16	1339	EMS memberships provided
417	1237	#Of transports processed/biller
499	2185	Vendor payments provided
16	81	Employee payments provided

RESULTS (MO)	RESULTS (YTD)	
0.32%	0.08%	% of retro payments out of total payroll payments
100%	95%	% Vendor Payments accurately paid within 30 days of invoice date
74%	74%	% Transports billed within 14 days of date of service.
YES	100%	% Months that actual to budget reports are delivered by the second Tuesday of the following month.
NA	100%	% Outside auditor opinion that results in an “unqualified opinion”.

	Efficiencies (FULL YEAR)	
	1.49%	Net finance department expenditures as a ratio of district budget
	\$ 10.66	Net cost per ambulance transport billed

Performance Measures:



- % fire prevention inspections completed FY 25-26 = 23%
- % businesses compliant with the International Fire Code = 73%
- % plan review completed by scheduled due date FY 25-26 = 100%
- # of fire investigations completed FY 25-26 = 11
- # of training hours completed year to date for ISO = 864
- Emergency incidents with no injuries or casualties due to a structure fire = 100%

Civilian		Fire Service	
Injury	Casualty	Injury	Casualty
0	0	0	0

Commercial Projects Summary - New projects for this month = Green

ZONE 1 Stations 378, 372, 373, 370, 374	ZONE 2 Stations 375, 376	ZONE 3 Stations 377	ZONE 4 Stations 379	ZONE 5 Stations 380
SBR Clubhouse F.A. 31390 S Amenity	The Art of Nails T.I. 11931 N 1st Ste 102	Arizona Design and Const. T.I. 10371 N Oracle Ste 201	Cubsmart Storage F.A. 2725 W Overton	St. Odelia F.A. 7570 N Paseo Del Norte
SBR Guard Shack F.A. 32170 S Saddlebrooke Ranch	Harn Legacy PLLC T.I. 1806 E Innovation Park	La Posada Access Gate 11050 N Avenida Posada De Oro	Daimyo Academy T.I. 9290 N Thornydale Ste 104	McDonalds CO2 Detection 292 W Magee
GRFD Professional Development 3845 E Golder Ranch Rd	My DrNow T.I. 10420 N La Canada Ste 120	QT T.I. 11045 N Oracle	St. Mark's Chapel/Preschool 2727 W Tangerine	Scaritt Group T.I. 7630 N Oracle
BMO Bank T.I. 1171 E Rancho Vistoso	Innovation F.A. 827 W Desert Fairways	Surf Thru Car Wash Solar 11595 N Oracle	Heritage Plaza 2952-2972 W Ina	Extra Space Storage 8750 N Oracle
Wildflower Reserve Pump House 3551 E Golder Ranch Rd	Roche Rincon Building T.I. 1910 E Innovation	Happy Joes T.I. 11695 N Oracle Rd	Landlord Improvement 7350 N La Cholla	Shell Building T.I. 7493 N Oracle
The Motive Wellness 2530 E Vistoso Commerce	Shell Buiding F.A. 12470 N Rancho Vistoso	Catalina Eye Care T.I. 10281 N Oracle	FitCultr T.I. 3710 W Overton Ste 110	Autozone F.A. 7892 N Oracle
Urban Wellness T.I. 12985 N Oracle Ste 165	Shell Shell Building F.A. 12152 N Rancho Vistoso	Ironwood Dermatology T.I. 10281 N Oracle	St. Elizabeth Ann Seaton F.A. 8650 N Shannon	Tucson Cosmetics 1230 W Ina
Received Final Inspection	Richmond America Constr.Trailer 300 E Jasper	Surf Thru Car Wash 11595 N Oracle	Beautiful Savior F.A. 7570 N Thornydale	Taylor MD Spa T.I. 8387 N Oracle
Sun City Activity Center 1119 E Rancho Vistoso	AZ Heroes Memorial Battery Storage 810 W Naranja	Bloom Tea T.I. 12115 N Oracle	Oasis Golf Club T.I. 9290 N Thornydale Ste 108	Shell Building T.I. 7435 N Oracle
Shell Building T.I. 16054 N Oracle Rd Ste 110	OV Assisted Living Main 12380 N Vistoso Park	Oracle Family Dental T.I. 10195 N Oracle Ste 121	Circle K T.I. 3712 W Cortaro	
C Store T.I. 16455 N Oracle	Stone Canyon Clubhouse F.A. 14250 N Hohokum Village	Encantada at OV Apts. 1730 E Tangerine	Fry's F.A. 3770 W Ina	
Fyzical Therapy T.I. 3710 W Overton Ste 120	Desert Drifter 10335 N La Canada	OV Big Wash Water Treatment 12151 N Oracle		
The Picklr Oro Valley T.I. 11855 N Oracle	Gateway @ Vistoso Apartments 945/955 W Vistoso Highlands	Action Behavior Centers T.I. 11835 N Oracle Ste 117		
	Naranja Prof. Park Bldgs, 1,2,3 1440 W Naranja	Shell Building 10281 N Oracle		
	Shell Building F.A. 11133 N La Canada	Pain Institute of AZ Surgery 365 E Linda Vista Ste A		
	Oro Valley Courts T.I. 11000 N La Canada	Pain Institute of AZ Clinic 365 E Linda Vista Ste B		
	Splendido Kitchen TI 13500 N Rancho Vistoso	Holiday Inn - Cell Dialer 11075 W Oracle Rd		
	OV Assisted Living Casitas 12380 N Vistoso Park	Workout Anytime T.I. 11975 N Oracle		
		CDO High School F.A. & Dialer 25 W Calle Concordia		
		Complete Canine T.I. 10140 N Oracle		
		Life Storage - Solar Panels 11061 N Oracle		
		Dunkin T.I (Walmart) 2150 E Tangerine		
		Sigma Technologies F.A. 10960 N Stallard		

Fire Marshal Akins

- Completed interview with the Center of Public Safety Excellence peer reviewer in hopes to receive the fire marshal designation
- Attended First Responder Health and Safety Day at Casino del Sol
- Attended re-occurring meetings to include Arizona Fire District Association, TOV Pre-construction/Development Review Committee/Traffic Safety/Town Council, Joint Fire Investigations, Fire Chief Status, Executive Leadership, GRFD Fire Board, Southern Arizona Fire Marshal Association, Arizona Fire Marshal Association, and Fire Prevention Staff

Education/Committees/Training Activities

- DFM White attended the Arizona Fire Marshal Association meeting
- DFM Druke attended the MGT-466 Sports and Special Events Enhancement Risk Management and Assessment course in Avondale
- DFMs, Inspectors, and Permit Tech attended the Southern Arizona Fire Marshal Association meeting
- DFMs, Inspectors, and Permit Tech attended the Joint Fire Investigation meeting with NWFD, OVPD, MPD, PCSD, and PCAO

GRFD Fire Investigations

Estimated Property Loss	Estimated Property Save	FY 25-26	Estimated Content Loss	Estimated Content Save
\$255,852	\$10,717,399		\$151,357	\$5,303,164



- On September 5, 2025, a structure fire was reported in the Golder Ranch Fire District
 - The origin of the fire was at the west exterior portion of the structure due to the improper use of a propane torch to burn weeds
 - The fire classification is unintentional
- On September 13, 2025, a structure fire was reported in the Northwest Fire District
 - GRFD assisted with the origin and cause investigation
- On September 25, 2025, a structure fire was reported in the Northwest Fire District
 - GRFD assisted with the origin and cause investigation
- On September 28, 2025, a structure fire was reported in the Northwest Fire District
 - GRFD assisted with the origin and cause investigation



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Grant Cesarek, Assistant Chief of Support Services

MTG. DATE: October 21, 2025

SUBJECT: SUPPORT SERVICES ASSISTANT CHIEF'S REPORT

ITEM #: 7C

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This allows for the Support Services Assistant Chief to provide updates to the Governing Board on the following areas:

- Assistant Chief's Activities
- Community and Media Relations
- Logistics
- Facilities Maintenance
- Fleet
- Health & Safety
- Technology
- Planning
- Supply

RECOMMENDED MOTION

No motion is necessary for this agenda item.



SUPPORT SERVICES DIVISION REPORT

Assistant Chief Grant Cesarek

September 2025

Assistant Chief's Activities

- The greatly anticipated move to station 378 took place on September 17, with an all-hands approach between the on-duty crew and the support services team, the transition was very smooth.
- We are planning for a grand opening event at station 378, the morning of November 15th. More announcement to follow.
- Continued work on items needed in station 378 by our facilities team, thank you for all of the effort.
- The team at Seaver Franks Architecture completed the drawings and received permits for the tenant improvements at the training building. Since the renovations are all under roof, these plans could move forward more efficiently than the drawings for the fleet renovations.
- Completed an annual updated meeting with our leasing manager with Enterprise, we are in a great spot with equity and planning on our leased vehicles.
- Great job to Director Rascon and Andy Smith for their efforts on our radio system. One trip to Mt. Lemmon to work on the radios there and working on the tower install at station 378, they are having a positive effect on infrastructure.
- Time and effort were applied by our fleet team to stay ahead of vehicle purchases that have long lead times. This month they worked on a Type III replacement that has a three-year lead time.
- We had a great candidate pool for the media specialist position during the month and selected Sam Henson. He started late in the month and is a great addition to the team.
- I was grateful for the opportunity to attend the Town of Oro Valley executive staff meeting, great to see how another team functions.
- Working on the content for a supervisor's workshop in October. This will be an opportunity to get our administrative supervisors in the same room to discuss topics. The supervisors are building the agenda so we discuss topics important to them.

Employee Recognition

- Director Herman Rascon-15 years of service to GRFD.
- Tom Butler is retiring after his dedicated service to GRFD. We wish him well as enjoys playing granddad and golf!
- Captain Anthony Marquez is the new Health and Safety Captain after the promotion of Steve White.

Facilities Maintenance Activities

- Facilities module activated to all GRFD employees for development of work orders, invoice management and asset repair/ replacement tracking.
- Quasar building evaluation for needed improvements and renovations. All utilities active.
- 370 ice machine replacement. Continuous repairs outweigh the cost of replacement.
- Appliance purchase and replacement for multiple facilities including Station 378, 370.
- Requesting asphalt improvement project quotes. (Capital)
- 380 bed/ mattress replacement plan
- Continuation of sourcing materials and supplies for 378, complete with the exception of tools and workshop area. All interior furniture built and installed.
- Continued 2024/25 budget analysis for future expenditures/ contracts effective.
- Capital project plan and scheduling. Projects to include roof assessment/ recoat.

Results

- Percent of employees injured due to facility conditions: **0**
- Percent of OSHA inspections that meet or exceed standards: **100%**
- Percent of district facilities that are fire code compliant: **100%**

Outputs

- Number of service ticket responses provided: **535 YTD** (65 in September)
- Number of monthly station inspections completed: **10**

Demands

- Number of service tickets expected to be requested (monthly): **59** (average per month YTD)

Fleet Maintenance Activities

- New Tender is in service at St. 376.
- Ladder 380 (shop 1142) is complete and in service.
- Fuel Islands have been installed. Terminal ID's for the fuel tanks have been updated we should be ready to go live at our 3 locations in October.
- Phil and Eddie will be attending Arizona Fire Service Mechanics Association (AFSMA) October 9, 10, & 11
- Fleet outputs:
 - Closed work orders YTD: **558**
 - Billed labor TDY: **1307**
- % of NFPA inspections completed: **26%**

Procurement and Fire Supply

- Continued development and usage of OPIQ tracking system, recategorization and organization of inventory for improved asset and consumable management.
- Working with Facilities for the implementation of the Facilities moule in OplQ.
- Update of PPE tracking and deployment (suppression and supply), surplus turnouts inventoried and donated to East Valley Institute of Technology (EVIT).
- Supply request process is changing with the implementation of procurement process, system and distribution of requested consumables. Working with OplQ on capability to input photos for reference.

Results

- Number of hours of work lost due to injuries caused by equipment failures: **0**
- Percent of capital purchases that meet RFP requirements: **100**

Outputs

- Number of new, innovative products evaluations provided: **6** (continuation)
- Number of service ticket responses provided: **Fire equipment: 300 YTD** (31 in August with addition of procurement process and ticket requirement, still not 100% accurate due to OplQ request set-up, being developed but not released)

Demands

- Number of service tickets expected to be requested: **35** (average per month YTD)-more to be projected with implementation of procurement process. (Projected: 50)
- Number of innovative new product evaluations expected to be requested: **2-4**

Health and Safety

Results

- % employees who do not experience documented injuries – 97% (4 claimed injuries documented with HR, 5 injuries documented in Supervisor Report of Injury (SRI) with no further medical attention needed for a total of 9 injuries reported from July 1, 2025 – August 31, 2025).
- % district members who complete their annual physical – 99% of Quarter 1 members (January, February, March). 94% of Quarter 2 members (April, May, June).
- # of reported near-miss incidents – 0
- # of motor vehicle collisions per 100,000 miles driven – 0

Outputs

- # peer fitness training sessions conducted – 1 for the Month of August.
- # safety education sessions provide – 0 for the Month of August.

HEALTH AND SAFETY TEAM

- Health and Safety worked closely throughout the month with our regional partners from NWFD to host GRFD's first-ever Candidate Physical Ability Test (CPAT) Orientation on August 27–28 at NWFDs Training Center. This event supports the upcoming physical testing process for prospective recruit firefighters.

Information Technology

Information Technology Director – Herman Rascon

Availability(last month)	Lowest performing Node	Percent	Next performing node	Percent
Critical Server	ADSVr1	99.90%	GRFS3	99.91%
Core Network	Sta374-2911	99.99%	HQ-2960-Admin	99.99%
Telestaff		100.00%		
Imagetrend		100.00%		
OperativeIQ		100.00%		
Ticket Priority Level	SLA Compliance Percentage		Number of tickets	
P4 - Low		70%		162
P3 - Medium		100%		1
P2 - High		50%		2
P1 - Critical		0%		0

Ticket response by tech group	Number of Responses
Level 1	24
Level 2	40
Level 3	106
Other	1
Total	171

GIS projects completed	18
GIS Projects Expected	26

Devices supported

# Computers in AD	271
# of phones/iPads from Verizon.	106
# Wireless AP's (Ruckus)	22
# Phones(Cisco/CCM, Station Cordless)	142
# Epcr Tablets	25
# MDTs	30
# Sierra/Cradlepoint	84
# USDD	10
# Printers	47
# TV's / Projectors	19
# Apple TV	8
# Switches / Routers	47
# iPads (Training / FLS non Cellular)	17
# RadioMicrowaves	24
# Monitors	304
# UPS (Station)	11

Total

1167

IT Applications Activities/Projects

- In addition, the Applications Team, in partnership with HR, is in the final stages of implementing the new Document Locator HR electronic filing module. This system functions as an Electronic Document Management System (EDMS) designed to organize, secure, and streamline employee records. It will digitize paper documents, automatically generate standardized folder structures for new hires, integrate with HRIS and payroll systems, and provide advanced features such as robust search capabilities, audit logging, retention management, and workflow automation.
- To support long-term stability and performance, we are also deploying a dedicated SQL Server 2022 environment to serve as the backbone for Document Locator and its databases. This new

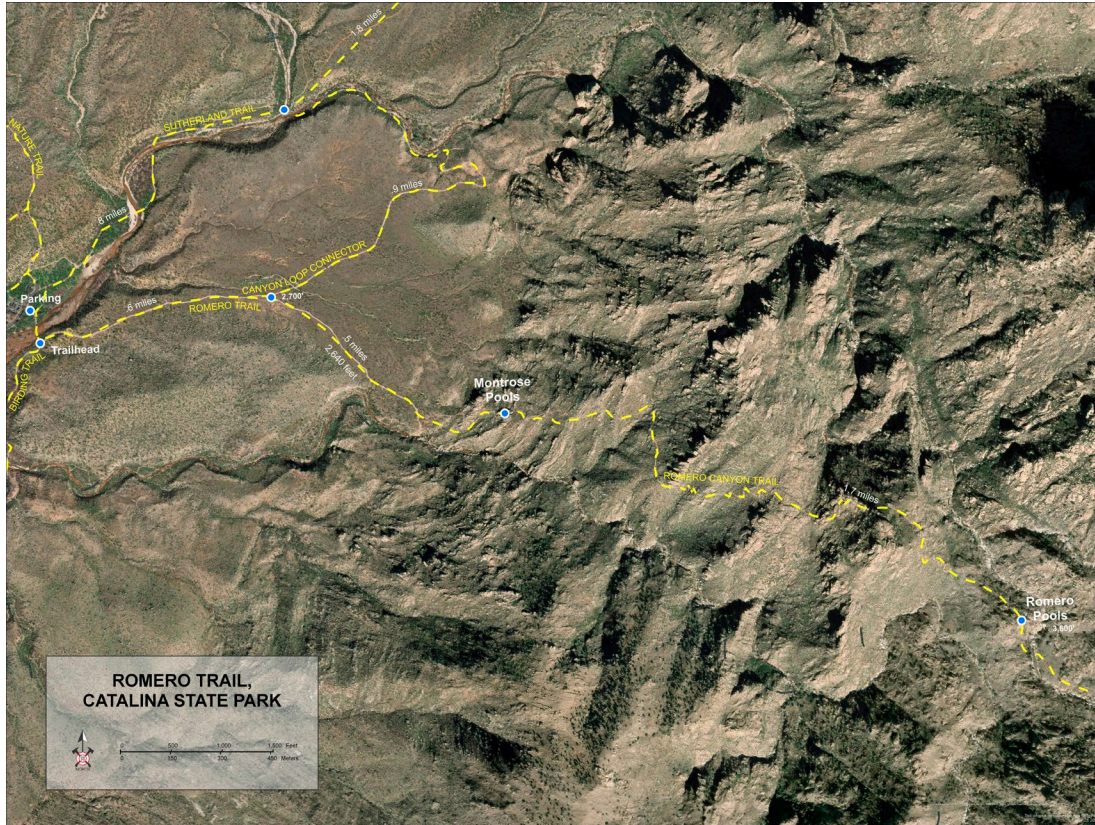
server infrastructure will not only deliver the latest supported version of SQL Server but also provide the scalability and resources needed to sustain Document Locator well into the future.

- To further enhance our infrastructure management and readiness, we are launching a new project to capture high-resolution 3D scans of all server rooms — including those maintained by our supporting agencies. Using our advanced camera systems and Matterport technology, we'll create detailed, interactive visual records of each space. These scans will serve as a valuable resource, allowing us to remotely view and navigate each room, quickly identify equipment, and provide more effective guidance when on-site support is needed. This initiative will deliver a reliable reference tool for day-to-day operations, troubleshooting, and long-term planning — helping us maintain clear, accurate documentation and respond more efficiently when remote decisions or directions are required.

IT GIS Activities/Projects

- ImageTrend / Elite Enhancements – Continued collaboration with our Continuum representative to improve dashboards and data extraction within Report Writer and Continuum Dashboards. Participated in the new multi-agency user group to share best practices and insights.
 - Status: Ongoing
- September Map Rollout – Tested and deployed the latest map update, which includes several new Energy Storage Systems (ESSs) for both Pima County and the Town of Oro Valley.
- Fire Data Monthly Measures – Prepared monthly performance measures for Deputy Chief Rutherford, including data segmented by NFIRS codes and property codes. Completed the FY24/25 Fire Measures Report.
 - Status: Ongoing (Monthly)
- Oro Valley Incident Reports – Completed the September 2025 monthly report and the Q3 2025 quarterly report.
 - Report Attached
- Station 377 Mapping Support – Developed multiple maps for Captain Ryan Miller and Station 377, including first-due area maps, full-district maps, and specialized trail maps for regions with frequent hiker rescues.
 - Sample Map Attached
- • ERF Time Calculations – Partnered with Systems Specialist Barry Johnston to update and test the automated script used to calculate Emergency Response Force (ERF) times for ImageTrend data.
- • Community Response Technicians (CRT) Reporting – Created an automated report for DC Hilderbrand to generate monthly incident summaries for CRT units, detailing call types and volume.
 - September Report Attached
- Public Interactive Map Project – Began development of a new public-facing interactive map, replacing the current version that will be retired on January 1, 2026. The new solution will allow internal staff and the public to look up addresses and will include enhanced features and functionality.
 - Status: Ongoing

- Regional GIS Collaboration – Continued coordination with Tucson Fire, Public Safety, City of Tucson IT, and Northwest Fire GIS teams to finalize data integration from dispatch systems, enabling live data dashboards.
- Status: Ongoing



Example of our GIS work to assist the Special Ops Team

IT Systems Group Activities/Projects

- The Systems Group has been working on deploying a new MacBook Pro for the Media Specialist.
- We have received the majority of our shipment of new **Panasonic G2 Toughbooks** for our inspectors. These rugged devices are designed to perform in challenging field environments and provide superior connectivity to support daily operations.
- Another milestone in connectivity was achieved this month with the completion of the new **Station 378 tower**. This site provides exceptional radio reception, greatly improving signal quality and coverage in the area.

Community and Media Relations

Community and Media Relations Supervisor – Lydia Camarillo

Strategic Initiatives

Community and District Presence:

- Child Passenger Safety Week
- 9/11 events
- Patriot Day ceremony at Arizona Heroes Memorial

- Several website design meetings to tailor needs for our residents
- New Dashboard slides on first responder events.

Public Relations

News Coverage:

- KGUN 9 News Child Passenger Safety Week interview with Community Education Supervisor Dan Habinek
- KVOA hiker rescue at Catalina State Park
- Several digital posts were showcased on news media sites

Communications & Social Media Strategy

Featured content:

- Propane leak at Tractor Supply in Catalina
- Elevator shaft malfunction at Splendido
- Timber Mesa Fire and Medical support during loss of two firefighters
- Video with Tucson Fire and Northwest Fire on MD Ally Telehealth option when calling 911
- Award presentation by Employer Support of the Guard and Reserve
- Badge pinning for newly promoted paramedics and engineers
- Years of service and promotion presentations
- Promotion of our Child Safety Checks
- Mini Muster program kicks off
- HR Professionals Day
- Various events from Local 3832 North Tucson Firefighters
- Burn permit messaging
- Olive Garden lunch for crews working Labor Day
- Labor Day recognition graphic
- 9/11 remembrance graphic
- 9/11 Tower Challenge

Ongoing promotions

- Public Safety Announcements (PSAs) including child passenger safety, monsoon safety, and wildfire prevention
- District achievements (Employee Spotlights, retirement, years of service, military service, emergency responses)

Social Media by the Numbers

Facebook

- Views: 170,000
- Posts: 48
- User Reach: 43,000

Instagram

- Views: 169,000
- Posts: 53
- Profile Visits: 1,400

X

- Engagements 409
 - (The number of times your content was engaged with)
- Posts: 15
- Impressions 9,000
 - (Times post was seen on X)

District Communications

Emergency Alerts & Updates: 6

Press Releases: 1

Public Service Announcements: 6

Employee Spotlights: 15

Executive Communications Reviews: 4



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Chris Grissom, Assistant Chief of EMS & Fire Response

MTG. DATE: October 21, 2025

SUBJECT: EMS & FIRE RESPONSE ASSISTANT CHIEF'S REPORT

ITEM #: 7D

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This allows for the operations Assistant Chief to provide updates to the Governing Board on the following areas:

- Emergency Medical Services
- Honor Guard/Pipes and Drums
- Operations
- Professional Development
- Project Management
- Special Operations
- Wildland

RECOMMENDED MOTION

No motion is necessary for this agenda item.



EMS & FIRE RESPONSE DIVISION REPORT

Assistant Chief Chris Grissom

September 2025

Assistant Chief's Activities

- Coordinated GRFD resource deployment and medical support for Timber Mesa Fire & Medical District following their line-of-duty deaths.
- Attended EMS and leadership meetings to review division performance metrics and system improvement initiatives.
- Supported EMS Training staff in preparing and organizing October Skills Labs and continued collaboration with Medical Direction on operational readiness.
- Participated in the District Culture Workshop and recognition events honoring EMS crews for outstanding patient outcomes.
- Oversaw progress on the upcoming Captain Promotional Process and other professional development initiatives.
- Continued administrative oversight of divisional performance reporting, budget tracking, and ISO training compliance across all programs.

EMS

EMS Division Board Report **September 2025**

Provider Recognition

- Recognized 374 and PM375 B shift for a code save they achieved on August 30th. Excellent work Captain Marquez, Engineer Kappel, Paramedic Peoples and Paramedic Cambell, and Firefighter Holzhauer and Firefighter Flood!



- Banner joined us to recognize 373 B shift crews from August 14th for their outstanding treatment and alerting for a patient suffering a stroke. They achieved a door to interventional radiology of 90 minutes and door to reperfusion was 150 minutes. Great job Captain Streiter, Engineer Labas, Paramedic Boyd, Paramedic Drury, Paramedic Ohalloran, and Firefighter Grotkier!



EMS Training

- Staff completed final prep and set up for October Skills Labs

EMS Team

EMS Performance

- CAVALIER study went live on
- Staff hosted or attended the following meetings:
 - GRFD EMS
 - EMS ROC
 - GRFD CQI
- Staff attended the GRFD Culture Workshop.
- Staff coordinated with medical direction and operations to outfit and up stock two drug boxes for an engine and an ambulance to cover the Timber Mesa Fire District September 27th-29th.

EMS Performance

Emergency Medical Response Program

The purpose of the Emergency Medical Response program is to provide emergency response, evidenced-based medical care, and ambulance transport services to residents and visitors of the community so they can receive a timely response and experience the best possible health outcomes.

September 2025 Results:

% EMS calls for service where the turnout time is 1:15 or less. **81%**

Maintain emergent (Code III) responses where the first unit total response time is 9:00 minutes or less for urban areas and 12:00 minutes for rural areas. Urban = **10.4**; Rural = **12.9**

Maintain wall times (arrival at hospital to transfer of care) at the 90th percentile to 45 minutes or less. **21:08**

The number of instances where non-reserve ambulance availability is 0. There were 6 instances.

% cardiac arrest responses where nationally recognized EMS performance measure benchmarks are met: ETCO2 documented with advanced airway (goal 90%) = **100%** Appropriate termination documentation (Goal 95%) = **97.5%**

% survival rate for cardiac arrest (Utstein Formula of Survival) **21%**

% STEMI responses where nationally recognized EMS performance benchmarks are met. **Administrative medical direction is building this report**

% stroke responses where nationally recognized EMS performance benchmarks are met. **90%**

% TBI responses where nationally recognized EMS performance benchmarks are met. **Administrative medical direction is building this report.**

% of surveyed respondents are satisfied with the service received from EMS response. **Evaluating options.**

% budget variance -10%, on track for approved budget.

Outputs:

The number of EMS responses provided. 957 plus 8 run in Timber Mesa Fire District

The number of ambulance transports provided. 641 (8 from Timber Mesa)

Demands:

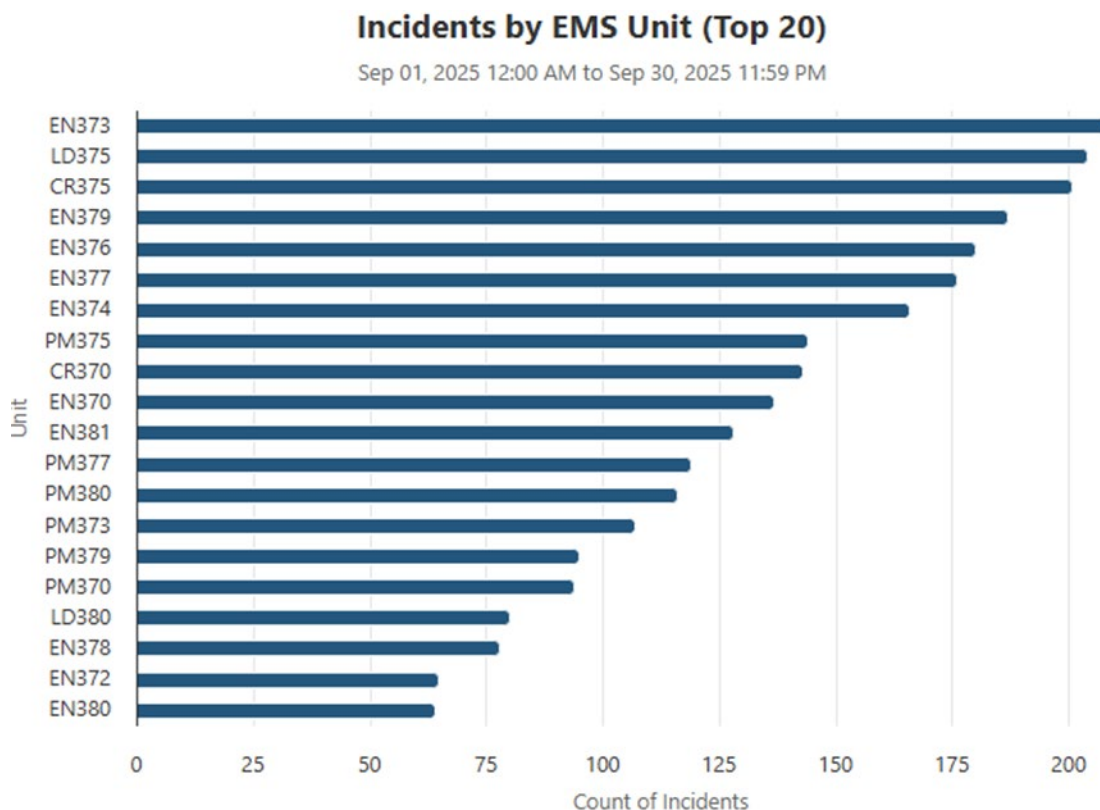
The number of EMS responses expected to be requested. 1005

The number of ambulance transports to be requested. 555

Efficiencies:

EMS program expenditure per total number of EMS responses. **Developing a means of measurement.**

EMS program expenditure per capita. **Developing a means of measurement.**



Fire Response

Fire Response Program

The purpose of the Fire Response program is to provide life safety, fire suppression, and property conservation services to our community so they can experience a timely and professional response to minimize the loss of life and property.

September 2025 Family of Measures – Results

86% fire calls for service where the turnout time is 1:30 or less

100% urban (>2500 pop. density) fire calls for service where the first unit is on scene in 9:20 minutes or less (from time of dispatch).

N/A% urban (>2500 pop. density) moderate risk fire calls for service where the effective response force is on scene in 23:35 minutes or less (from time of dispatch).

100% urban (>2500 pop. density) high risk fire calls for service where the first unit is on scene in 33:45 minutes or less (from time of dispatch).

N/A% urban (>2500 pop. density) maximum risk fire calls for service where the effective response force is on scene in 43:45 minutes or less (from time of dispatch).

100% rural (<2500 pop. density) fire calls for service where the first unit is on scene in 12:20 minutes or less (from time of dispatch).

N/A % rural (<2500 pop. density) moderate risk fire calls for service where the effective response force is on scene in 25:30 minutes or less (from time of dispatch).

N/A % rural (<2500 pop. density) high risk fire calls for service where the effective response force is on scene in 35:30 minutes or less (from time of dispatch).

N/A % rural (<2500 pop. density) maximum risk fire calls for service where the effective response force is on scene in 45:30 minutes or less (from time of dispatch).

100% of fires contained to the room of content.

100% of fire responses where there is no injury or loss of life (to the public)

100% of fire responses where there is no injury or loss of life (to GRFD personnel)

% of surveyed respondents are satisfied with the service received from fire response (Still being considered and/or developed)

September 2025 Family of Measures - Outputs:

Elite grfdaz

OPS Division - Family of Measures (Outputs)

Fire Alarm Responses (NFIRS 700s)

Incident Type And Description	Total
700 - False alarm or false call, other	7
730 - System malfunction, other	1
733 - Smoke detector activation due to malfunction	1
736 - CO detector activation due to malfunction	2
740 - Unintentional transmission of alarm, other	1
745 - Alarm system activation, no fire - unintentional	3
746 - Carbon monoxide detector activation, no CO	2
Total:	17

Vehicle Fire Responses (NFIRS 130s)

Incident Type And Description	Total
131 - Passenger vehicle fire	2
Total:	2

Rubbish Fire Response (NFIRS 150s)

Incident Type And Description	Total
150 - Outside rubbish fire, other	1
Total:	1

Residential Fire Responses (NFIRS 111, Prop. Type 419, 429)

Incident Type And Description	Property Use And Description	Total
111 - Building fire	419 - 1 or 2 family dwelling	1
Total:		1

Commercial Fire Responses (NFIRS 111, Prop. Type not 419, 429)

Report Results
There are no results. Please redefine your search criteria.

Honor Guard and Pipes & Drums

Honor had four events for the month of September:

- September 6th “Retiree Funeral” at St. Mark’s: Thomas and Colby
- September 11th “First Responder Memorial” Naranja Park: Labas and Hoffman

- September 11th Mountain View retirement home: Unger and Colby
- September 18th-20th Colorado Springs “IAFF Firefighter Memorial”: Glover, Miller, Rhein, Woods

Honor Guard had three expenditures this month:

- 1. Rebecca Alterations and cleaning services (Labas and Hoffman uniform cleaning).
- 2. and 3. Hilton Garden Inn Colorado Springs IAFF Firefighter Memorial 2025 lodging.

Monthly Total: \$4884.18

Honor Guard has entered its busiest time of the year. We have completed several major events and have many more upcoming.

The district credit card and Honor Guard budget are reconciled for the month of September.

Pipes and Drums

- No expenses for the month of September

- Events

- September 11th “First Responder Memorial” Naranja park- Ellis (Bagpipes)
- Timber Mesa Funeral- Ellis (Bagpipes)

Professional Development



Courses/Training:

- o Instructor II
- o Fire and Emergency Instructor 2 Course ran July 21-31, 2025
- o Nine students enrolled and took the state exam; all students successfully passed.
- o Division Chief Leslie continued meeting with Fire Officer Academy participants for a 360-degree course survey in the coming weeks
- o Az State Fire School, September 3-7. GRFD sponsored personnel to attend
- o GRFD personnel attended district sponsored training at Northwest Fire District (NWFD): Forcible Entry and Search Rescue Class
- o The Fire Fusion deadline was September 4th. Multiple interest letters were submitted.



Miscellaneous:

- o Many certified training letters have been disrupted to GRFD personnel who will be participating in the upcoming Captain Promotional Process.
- o Preparing for the upcoming Captain promotional process
- o Preparing for Captain Promotional Workshop:

- Dynamic Sims
- Administration Functions with subject matter experts
- Professional Development Captain Recruitment Memo

Professional Development Program

- The purpose of the Professional Development Program is to provide professional development services to Golder Ranch Fire District team members so they can be highly trained and prepared for advancement in their career.

July 2025 Results

- 65% completion rate on Firefighter ISO training.
- 65% completion rate on Engineer ISO training.
- 63% completion rate on Officer ISO training.
- 100% completion rate on all district-required annual Administration OSHA training
- 100% completion rate on all district-required annual Community Resource Technician OSHA training
- 100% completion rate on all district-required annual Fleet, Logistics, and IT OSHA training
- 100% completion rate on all district-required annual Suppression and FLS OSHA training
- 100% completion rate on all district-required annual Supervisor Administration OSHA training
- 100% completion rate on all district-required annual Supervisor Fleet, Logistics, and IT OSHA training
- 100% completion rate on all district-required annual Supervisor Suppression and FLS OSHA training
- 95% completion rate on all district-required annual Wildland Refresher Training
- 98% completion rate on all district-required annual Physical Agility Evaluations.
- 6% completion rate on all district-required annual VFIS Refresher training.
- % completion rate on all district-required annual Ropes Ops/Tech Refresher training. **Work in progress**
- 90% completion rate on all district-required annual Swift Water Ops/Tech training.
- % completion rate on all district-required annual Hazmat Refresher training. **Work in progress**
- Promotional success rate. **Nothing to report**
- % of members on promotional eligibility lists than the positions in each class up to Battalion Chiefs. **Work in progress**
- % of surveyed respondents are satisfied with the service received from professional development. **Work in progress**
- % budget variance. **Work in progress**

Outputs

- 600 hours of recruit training will be delivered annually. **Work in progress**
- 160 hours of Driver/Operator training will be delivered every two years: **Completed**
- 192 hours of Fire Officer I and II training will be delivered every two years: **Completed**
- 160 hours (six classes) of leadership development training will be delivered every two years. **Work in progress**
- 60 hours of required annual training, in addition to ISO requirements, will be delivered annually. **Work in progress**
- 80 hours of rope and swift water rescue technician training will be offered annually. **Work in progress**
- One Battalion Chief promotional process will be provided every two years. **Work in progress**
- One Captain promotional process will be provided every two years. **Work in progress**
- One Engineer promotional process will be provided every two years. **Completed, with 7 candidates successfully completing the process.**

Special Operations

Results

- 0% Special Operations responses involved injuries or loss of life.
- 0% Special Operations responses resulted in injuries or loss of life to GRFD personnel.
- 100% Special Operations Team response's turnout times were 2:30 minutes or less.
- 100 % HAZMAT responses where the affected area was mitigated in 6 hours or less
- TBD% of respondents surveyed are satisfied with the service received from HAZMAT response
- 6.3% budget variance

Outputs

- 1 technical rescue responses
- 7 hazardous material responses
- 8 individuals served

Monthly Response Highlights

- The Special Operations Team worked on the CDO Ridge Trail during an extreme heat warning. The personnel rescued one patient who was suffering from a fall injury combined with a heat emergency. GRFD personnel utilized the stokes basket to safely move the patient down to the trailhead, where he was transported to a hospital.

Monthly Training

Regional Hazardous Materials Continuing Education:

- The Special Operations Team participated in the Regional Hazardous Materials didactic in-station training. This training focused on research, research apps, and plume plotting. The team practiced rapid research techniques for different chemical types.

Regional Technical Rescue Continuing Education:

- The Regional CE was hosted by Rincon Valley FD and included simple repelling techniques along with setting up systems.
- Paramedic Baron will be teaching at the November Trench Rescue Regional CE to share the knowledge and skills he gained at the Trench Rescue Symposium in Michigan earlier this year.

Regional Initial Training:

- The Special Operations Team training staff is preparing to deliver a regional Emergency Building Shoring (EBS) class during December of 2025, which will be held at NWFD's training facility. Approximately 10 GRFD personnel will be attending this course.
- The Team will potentially be sending members to a regional Elevator Rescue class.
- The Team will potentially be sending three members to an initial Cave Rescue class, which is being coordinated by Pima County Sheriff's Office Southern Arizona Rescue (PCSO SAR) Deputies.
- The Team will be sending three members to the Regional Hazardous Materials Technician course, starting October 13, 2025.

In-District Continuing Education:

- The Team continued the monthly air monitor calibration program.
- The Team is developing the district annual HAZMAT refresher. The didactic assignment has been administered to all suppression personnel with practical training starting October 7, 2025.

In-District Initial Training:

- The Team members were delivered a training via Vector Solutions on the Honeywell Parts Per Billion gas monitor equipped on EN377.
- Engineer Randy Cramblit and Paramedic Jeff Ketterer attended an advanced Propane Response course in Phoenix hosted by Phoenix Special Operations.
- The Team conducted a Trench Rescue drill at the PSA. This training highlighted simple shoring techniques and equipment familiarization along with operating out of the new TRT trailer. This drill was conducted due to an uptick in recent Trench Rescue calls.
- The Special Operations Team recruitment process concluded. Ten individuals successfully completed the process, whom will all be placed on the Special Operations Trainee list. These individuals will be provided equipment and training over the course of the next year so they can earn the required certifications.

Wildland Assignments for September:

Out of District Assignment(s):

- **Blue Fire - Northern California**

First Operational Period: **09/03/2025 - Demob 09/23**

Vehicle/Shop #: Support/SRB 2036, Support/SRB 2037, Water Bike 1530/1531 (UTV/Trailer)

Crew: **Port, Waldorf**

- **White Pine Fire - Idaho (Harvard, Idaho)**

First Operational Period: **09/08/2025 - Demob 09/28**

Shop #: **NERV**

Crew: **Kroger**

- **PCWTAZ Rotation:**

T6 = 1st unless assignment is in NM, UT, CO, or NV. Casa Grande is 1st out in those states.

T3 = 1st

Ambo = 1st

Med Unit = 1st

- **Nelson Fire**

Ambulance sent

Crew: **Mace, Ringston**

District Assignment(s):

- No Initial Attack (IA) assignments

October/November Projects-

- Port, Waldorf, and HR to meet and set standards for internal and external wildland personnel e.g., hiring and team position changes.
- Team members working with TFD and NWFD, planning the sweet water burn.
- Team working with Arizona Department of Forestry and Fire Management (AZDFFM) to build the burn plan for the spirit dog piles
- Meeting with AZDFFM to get more fuel breaks completed throughout the district
- New member process to start early November.
- New IC/Deputy selections to begin this month.



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Allison Delong, HR Director

MTG. DATE: October 21, 2025

SUBJECT: DISCUSSION AND POSSIBLE ACTION REGARDING THE CIGNA ADMINISTRATIVE SERVICES AGREEMENT FOR HEALTH INSURANCE

ITEM #: 8A

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☒ Legal Review

BACKGROUND

In fiscal year 24-25 the District, with our insurance broker Crest, chose to obtain quotes for health insurance for our members and retirees. Cigna Health provided the most competitive and advantageous quote for health insurance services.

The following agreement is for services and coverage that matches the previous plan under Blue Cross Blue Shield of Arizona. This matching ensured minimal disruption to care for our members and their families.

The final agreement saved the District over \$124,000 in fixed costs and lowered our members renewal rates from a 6% increase to a less than 1% increase. Cigna was able to provide a three year rate guarantee on fixed costs to the District, as well as, an increase in wellness funds to better support our members.

RECOMMENDED MOTION

Motion to approve the Cigna Administrative Services Agreement as presented.

Aimee E. Burnham
Contract Director
Cigna Healthcare

June 5, 2025

Allison Delong
Manager, Human Resources
Golder Ranch Fire District
1600 E Hanley Blvd.
Tucson, AZ 85737



Routing W122A
900 Cottage Grove Road
Hartford, CT 06152
Telephone 860.226.4422
Aimee.Burnham@evernorth.com

Re: Administrative Services Only Agreement by and between Cigna Health and Life Insurance Company (“**CHLIC**”) and Golder Ranch Fire District (“**Employer**”)

Dear Allison Delong:

Enclosed is an Administrative Services Only Agreement (the “**Agreement**”) that CHLIC has prepared to establish the terms under which it will administer a self-funded benefit plan on behalf of Employer beginning July 1, 2025 (the “**Effective Date**”).

Employer may signify its acceptance of the terms of the Agreement by:

- Executing (i) this letter (where indicated below), or (ii) the signature page in the Agreement, and returning the executed page to me at the above address, or
- Taking no action, in which case the Agreement shall become binding upon Employer and CHLIC sixty (60) days following the date of this letter.

If Employer does not accept all the terms of the enclosed Agreement, it must so notify CHLIC either electronically or in writing (at the address indicated above) within sixty (60) days of the date of this letter. In that case, CHLIC shall cooperate to negotiate mutually agreeable terms with Employer. Once a subsequent agreement is executed, it will apply retroactively to the Effective Date. Until then, however, the enclosed Agreement, which may periodically be amended by CHLIC, will govern the relationship between Employer and CHLIC.

As indicated in the enclosed Agreement, Employer is solely responsible for communicating any Plan modification or amendment to Members or individuals considering enrolling in the Plan.

Cigna Health and Life Insurance Company

By:

A handwritten signature in blue ink that reads "Aimee E. Burnham".

Authorized Representative: Aimee E. Burnham

Title: Contract Director

Date: June 5, 2025

Golder Ranch Fire District

By:

Authorized Representative: Vicki Cox Golder

Title: GRFD Governing Board Chairperson

Date: October 21, 2025

Administrative Services Only Agreement

By and Between

**Golder Ranch Fire District
“Employer”**

And

**Cigna Health and Life Insurance Company
“CHLIC”**

Effective Date: July 1, 2025

EXCEPT AS PROVIDED BY APPLICABLE LAW, THIS AGREEMENT AND ITS TERMS ARE
PROPRIETARY AND CANNOT BE DISCLOSED WITHOUT THE PERMISSION OF EACH OF THE
PARTIES

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Administrative Services Only Agreement for Golder Ranch Fire District

THIS AGREEMENT, effective July 1, 2025 (the “**Effective Date**”) is by and between Golder Ranch Fire District (“**Employer**”) and Cigna Health and Life Insurance Company (“**CHLIC**”).

RECITALS:

WHEREAS, Employer, as Plan sponsor, has adopted the benefit described in Exhibit A, as may be amended, (“**Plan**”) for certain of its employees/members and their eligible dependents (collectively “**Members**”); and

WHEREAS, Employer has requested that CHLIC provide certain administration services in connection with the Plan (for its own internal purposes, CHLIC identifies Employer’s account by the following number(s) 3346871).

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, it is hereby agreed as follows:

Definitions

Agreement means this entire document including the Schedule of Financial Charges and all Exhibits and Addenda, as attached hereto, as well as any subsequent amendments.

Applicable Law means the state, federal and/or international law and/or regulation that apply to a Party or the Plan.

Bank Account means a benefit plan account with a bank designated by CHLIC; established and maintained by Employer in its or a nominee’s name.

ERISA means the Employee Retirement Income Security Act of 1974, as amended and related regulations. CHLIC acknowledges that Employer's Plan may not be subject to ERISA.

Extra-Contractual Benefits means payments which Employer has instructed CHLIC to make for health care services and/or products that CHLIC has determined are not covered under the Plan.

Member means a person eligible for and enrolled in the Plan as an employee or dependent.

Participant/Participating Members means Member(s) who is (are) participating in a specific program and/or product available to Members under the Plan.

Participating Providers means providers of health care services and/or products, who/which contract directly or indirectly with CHLIC to provide services and/or products to Members.

Party/Parties means Employer and CHLIC, each a “Party” and collectively, the “Parties”.

Plan Benefits means amounts payable under the terms of the Plan for expenses incurred by Members for services/items covered under the Plan.

Plan Year means the twelve (12) month period, beginning on the Effective Date and, thereafter, each subsequent twelve (12) month period.

Administrative Services Only Agreement for Golder Ranch Fire District

Run-Out Claims means claims for Plan Benefits relating to health care services and products that are incurred but not processed prior to termination of this Agreement; termination of a Plan benefit option or termination of Member eligibility, as applicable.

Subscriber means the Member whose employment or participation is the basis for eligibility under the Plan.

Section 1. Term and Termination of Agreement

This Agreement is effective on the Effective Date and shall remain in effect until the earliest of any of the following dates:

- i. The date which is at least sixty (60) days from the date that either Employer or CHLIC provides written notice to the other of termination of this Agreement;
- ii. The effective date of any Applicable Law or governmental action which prohibits performance of the activities required by this Agreement;
- iii. The date upon which Employer fails to fund the Bank Account as required by this Agreement provided CHLIC notifies Employer of its election to terminate;
- iv. The date upon which Employer fails to pay CHLIC any charges identified in this Agreement when due provided CHLIC notifies Employer of its election to terminate; or
- v. Any other date mutually agreed upon by Employer and CHLIC.

Section 2. Claim Administration and Additional Services

- a. While this Agreement is in effect, CHLIC shall, consistent with, the claim administration policies and procedures then applicable to its own health care insurance business (i) receive and review claims for Plan Benefits; (ii) determine the Plan Benefits, if any, payable for such claims; (iii) disburse payments of Plan Benefits to claimants; and (iv) provide in the manner and within the time limits required by Applicable Law, notification to claimants of (a) the coverage determination or (b) any anticipated delay in making a coverage determination beyond the time required by Applicable Law.
- b. Following (i) termination of this Agreement, except pursuant to Section 1.iii and 1.iv; (ii) termination of a Plan benefit option or (iii) termination of Member eligibility, if any required fees have been paid in full, CHLIC shall process Run-Out Claims for the applicable Run-Out Period (Refer to Schedule of Financial Charges for applicable fees and Run-Out Period). At the termination of any applicable Run-Out Period, CHLIC shall cease processing Run-Out Claims and, subject to the requirements of Section 21.a, make all relevant records in its possession relating to such claims, other than CHLIC's proprietary information, reasonably available to Employer or Employer's designee. CHLIC is not required to provide proprietary information to Employer or any other party.
- c. Employer hereby delegates to CHLIC the authority, responsibility and discretion to determine coverage under the Plan based on the eligibility and enrollment information provided to CHLIC by Employer. Employer also hereby delegates to CHLIC the authority, responsibility and discretion to (i) make factual determinations and to interpret the provisions of the Plan to make coverage determinations on claims for Plan Benefits, (ii) conduct a full and fair review of each claim which has been denied (as defined by ERISA), (iii) conduct level one of internal appeals of "Urgent Care Claims," "Concurrent," "Pre-service," and "Post-service" claims (as those terms are defined under ERISA) and notify the Member or the Member's authorized representative of its decision. Employer will ensure that all

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summary plan description materials provided to Members reflect the delegation of discretionary authority outlined above.

If the Plan provides a level two internal appeal, Employer shall conduct and retain full responsibility and discretionary authority for such appeals including notification to the Member and/or the Member's authorized representative of its decision. Employer will ensure that the summary plan description materials provided to Members properly outline the internal appeal process and Employer's responsibility for level two internal appeals.

- d. In addition to the basic claim administrative duties described above, CHLIC shall also perform the Plan-related administrative duties agreed upon by the Parties and specified in Exhibit B. Unless otherwise agreed to in writing by CHLIC, all services identified in this Agreement shall be provided by CHLIC to Employer and to Members covered by this Agreement on an exclusive basis with respect to that portion of the Plan administered by CHLIC pursuant to this Agreement.
- e. As part of the Plan Benefits provided under this Agreement, CHLIC and Employer agree that CHLIC will provide the Pharmacy Benefit (as defined in Appendix A) services described in the Schedule of Financial Charges and Appendix A as attached hereto, if any (the "Pharmacy Benefit Provisions"). In the event of any conflict between the terms set forth in the Pharmacy Benefit Provisions and any other terms set forth in this Agreement, including Exhibits hereto, the Pharmacy Benefit Provisions shall control solely with respect to the Pharmacy Benefit services.

Section 3. Funding and Payment of Claims

- a. Employer shall establish a Bank Account, and maintain in the Bank Account an amount sufficient at all times to fund payments from it for the following (collectively "**Bank Account Payments**"): (i) Plan Benefits; (ii) those charges and fees identified in the applicable Schedule of Financial Charges as payable through the Bank Account and (iii) any sales tax, or similar benefit- or Plan-related charge, surcharge or assessment however denominated, which may be imposed by any governmental authority. Bank Account Payments may include without limitation: (a) fixed per person payments and pay-for-performance payments to Participating Providers; (b) amounts owed to CHLIC which are not billed to Employer in accordance with Section 4 of this Agreement; and (c) amounts paid to CHLIC's affiliates and/or subcontractors for, among other things, network access or in- and out-of network health care services/products provided to Members. CHLIC may credit the Bank Account with payments due Employer under a stop loss policy issued by CHLIC or an affiliate.
- b. CHLIC, as agent for the Employer, shall make Bank Account Payments from the Bank Account, in the amount CHLIC reasonably determines to be proper under the Plan and/or under this Agreement.
- c. In the event that sufficient funds are not available in the Bank Account to pay all Bank Account Payments when due, CHLIC shall cease to process and issue payment for claims for Plan Benefits including Run-Out Claims and CHLIC may notify claimants and Members regarding such insufficient funding.
- d. CHLIC will promptly adjust any underpayment of Plan Benefits or pay-for-performance payments by drawing additional funds due the claimant from the Bank Account. In the event CHLIC determines that it has overpaid a claim for Plan Benefits or paid Plan Benefits to the wrong party, it shall take all reasonable steps consistent with the policies and procedures applicable to its own health care insurance business to recover the overpayments of Plan Benefits. CHLIC shall also take all reasonable steps consistent with the policies and procedures applicable to its own health care insurance business to collect pay-for-performance payments due to Employer or to recover pay-for-performance overpayments (collectively "Pay-for-Performance Recoveries"). CHLIC shall not be required to initiate

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court, mediation, arbitration or other administrative proceedings to recover any overpayment of Plan Benefits or to collect or recover Pay-for-Performance Recovery. However, when it elects to do so, CHLIC is expressly authorized by Employer to take all actions on behalf of the Employer and/or the Plan to pursue overpayment recovery of Plan Benefits or to collect or recover Pay-for-Performance Recovery including, but not limited to, retaining counsel, settling and compromising claims or Pay-for-Performance Recoveries, in which case CHLIC shall be responsible for the attorney fees, court costs or arbitration fees incurred by CHLIC in the specific overpayment recovery action of Plan Benefits (not applicable to subrogation or conditional claim payment recoveries) or to collect or recover Pay-for-Performance Recovery, but not any indirect, associated third party costs absent consent of CHLIC. CHLIC shall not be responsible for reimbursing any unrecovered payments of Plan Benefits or Pay-for-Performance Recoveries unless made as a result of its gross negligence or intentional wrongdoing.

- e. Employer shall promptly reimburse CHLIC for any Bank Account Payments paid by CHLIC with its own funds on behalf of the Employer or the Plan and no such payment by CHLIC shall be construed as an assumption of any of Employer's liability for such Bank Account Payments.
- f. Following termination of this Agreement, Employer shall remain liable for payment of all Plan Benefits and other due Bank Account Payments and for all reimbursements due Members under the Plan.

The obligations set forth in this Section 3 shall survive termination of this Agreement.

Section 4. Charges

- a. Charges. CHLIC shall provide to Employer a monthly statement of all charges Employer is obligated to pay, in full, under this Agreement that are not paid as Bank Account Payments. Payment of all billed charges shall be due on the first day of the month, as indicated on the monthly statement. Payments received after the last day of the month in which they are due, shall be subject to late payment charges, from the due date at a rate calculated as follows: the one (1) year Treasury constant maturities rate for the first week ending in January plus five percent (5%). For purposes of calculating late payment charges, payments received will be applied first to the oldest outstanding amount due. CHLIC may reasonably revise the methodology for calculating late payment charges upon thirty (30) days' advance written notice to Employer.
- b. Changes - Additions and Terminations. If a Subscriber's effective date is on or before the fifteenth (15th) day of the month, full charges applicable to that Subscriber shall be due for that Subscriber for that month. If coverage does not start or ceases on or before the fifteenth (15th) day of the month for a Subscriber, no charges shall be due for that Subscriber for that month.
- c. Retroactive Changes and Terminations. Employer shall remain responsible for payment of all applicable charges and Bank Account Payments incurred or charged through the date CHLIC processed Employer's notice of a retroactive change or termination of a Member. However, if the change or termination would result in a reduction in charges, CHLIC shall credit to Employer the reduction in charges charged for the shorter of (a) the sixty (60) day period preceding the date CHLIC processes the notice, or (b) the period from the date of the change or termination to the date CHLIC processes the notice.

The obligations set forth in this Section 4 shall survive termination of this Agreement.

Section 5. Enrollment and Determination of Eligibility

- a. Eligibility Determinations and Information. Employer is responsible for administering Plan enrollment. In determining any person's right to benefits under the Plan, CHLIC shall rely upon enrollment and

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eligibility information provided by the Employer and CHLIC shall have no liability for administering the Plan in reliance upon enrollment and eligibility information provided by Employer. Such eligibility information shall identify the effective date of eligibility and the termination date of eligibility and shall be provided promptly to CHLIC on at least a monthly basis (unless otherwise agreed to in writing by CHLIC) using a method and with such other information as reasonably may be required by CHLIC for the proper administration of the Plan.

- b. Release of Liability. Notwithstanding any inconsistent provision of this Agreement to the contrary, if Employer fails to provide CHLIC with accurate enrollment and eligibility information, benefit design requirements, or other agreed-upon information in a CHLIC standard timeframe and format, CHLIC shall have no liability under this Agreement for any act or omission by CHLIC, or its employees, affiliates, subcontractors, agents or representatives, caused by such failure.
- c. Reconciliation of Eligibility Information and Default Terminations. CHLIC will periodically share potential discrepancies in eligibility information with Employer. Employer will review and reconcile any discrepancies within thirty (30) days of receipt and provide CHLIC corrected eligibility information. If Employer fails to timely do so, CHLIC may terminate coverage for any Member not listed as eligible in Employer's submitted eligibility information.

Section 6. Audit Rights

- a. Employer may audit CHLIC's administration of Plan Benefits at no additional charge while this Agreement is in effect and in accordance with the following requirements:
 - i. Notification and timing of audit.
 - a. For a clinical audit, Employer shall provide to CHLIC a scope of audit letter, which scope shall be mutually agreed upon by the parties, and a fully executed audit agreement, together with a ninety (90) day advance written request to audit.
 - b. For all other audits described below, Employer shall provide to CHLIC a scope of audit letter, and a fully executed audit agreement, together with a forty-five (45) day advance written request for audit.
 - ii. Employer may designate with CHLIC's consent (which consent shall not to be unreasonably withheld) an independent, third-party auditor to conduct the audit (the "**Auditor**").
 - iii. Employer and CHLIC will agree upon the date for the audit during regular business hours in a virtual/remote audit environment or at CHLIC's office(s), as business needs require.
 - iv. Except as otherwise agreed to by the parties in writing prior to the commencement of the audit, the audit shall be conducted in accordance with the terms of CHLIC's audit agreements which shall be signed by the Auditor prior to the start of the audit.
 - v. If the audit identifies any errors requiring adjustments, such adjustments will be made in accordance with this Agreement and based upon the actual claims and fees reviewed and not upon statistical projections or extrapolations.
 - vi. Employer shall be responsible for its Auditor's costs. In the event Employer requests to alter the scope of the audit, CHLIC will endeavor to reasonably accommodate the Employer's request,

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which may be subject to additional charges to be mutually agreed upon by the Employer and CHLIC prior to the start of the audit.

- vii. If Employer has five thousand (5,000) or more employees who are Members, Employer may conduct one such audit every Plan Year (but not within six (6) months of a prior audit); otherwise, Employer may conduct one such audit every two (2) Plan Years (but not within eighteen (18) months of a prior audit).
- viii. In no event shall any audit involve Plan benefit payments or administration prior to the most recent two (2) plan years, (unless otherwise noted) or involve Plan benefit payment or administration that has been previously audited.
- ix. New audits shall not be initiated until all parties have agreed that the prior audit is closed.
- x. Employer may (as determined by CHLIC based upon the resources required by the audit requested) be responsible for CHLIC's reasonable costs with respect to the audit, except that while this Agreement is in effect there shall be no additional cost to Employer for an audit of the following:
 - **Claims:** Payment documents relating to a random, statistically valid sample of two-hundred twenty-five (225) claims paid.
 - Requests to review provider contracts will be subject to CHLIC's current criteria and contrary terms in Participating Provider Agreements.
 - **Appeals:** Documents, including payment documents as appropriate, relating to a random sample of up to thirty-five (35) appeals.
 - **Customer Service:** Documentation and review of call recordings relating to a random sample of up to thirty-five (35) Member calls.
 - CHLIC maintains call recordings for up to twelve (12) months, and any customer service audit is limited to the availability of the call recordings.
 - **Accumulator/Combined Deductible:** Audits are allowed based on mutually agreed-upon scope of up to thirty (30) cases.
 - **Benefit Implementation:** Audits are allowed based on mutually agreed-upon scope and timing. CHLIC will support the benefit implementation audits for review of benefit set up related to claim processing.
 - **Medical Cost Containment Program Fees (MCCP) (Out-of-Network Protection and Payment Integrity Program Fees):** MCCP audits are limited to confirmation of fees paid by the Employer related to the programs in place. The audits will not include review of documentation that is not applicable to claim administration. In addition, Auditor will need to agree that it will not outreach to Participating Providers or Members for claim or medical record information.

MCCP fee audits are based on the following criteria:

- Random samples based on the following:

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- Twenty-five (25) claims in which fees were paid for Medical Out-of-Network Protection Programs which include Network Savings Program and Bill Negotiation Services (Pre-payment Cost Containment for Non-contracted claims)
- One-hundred (100) claims in which fees were paid related to Payment Integrity Programs which include Medical Bill Review; Medical Implant Device Review; Clinical Waste and Abuse Claim Review; High-Cost Specialty Pharmaceutical Review; other target billing accuracy review programs; Diagnosis Related Grouping Review; Coordination of Benefits (COB) Investigation and Recoveries; Secondary Vendor Recovery Program; Provider Credit Balance Recovery Program; Eligibility Overpayment Recovery Vendor Services; and Subrogation/Conditional Claim Payment.
- **Clinical Cases/Calls:** Subject to CHLIC staff availability, the standard annual allowable number of cases/calls for audit and standard number of days allowed to conduct the audit is as follows, based on number of Employer Subscribers during the time period covered by the audit:

Number of Subscribers	# Cases	# Calls	# Days*
5,000 & under	10	3	1
>5,000 & < 25,000	15	4	1
>25,000 & < 75,000	20	5	1.5
>75,000	25	6	2

All cases and calls related to case selection will be prepared and presented in compliance with all Applicable Laws, Privacy Addendum in Exhibit C, including but not limited to the HIPAA Privacy and Security Rules and 42 C.F.R. Part 2.. Cases selected will have been managed during the rolling twelve (12) month period prior to the date of the written request to conduct an audit and not previously audited for the current audit scope.

*Takes into consideration length of time to complete the standard number of cases and calls based on a one (1) year lookback scope period.

b. **Pharmacy Audits.** The rights and obligations regarding pharmacy audits are set forth in Appendix A.

Section 7. Plan Benefit Liability

- a. **Employer Liability for Plan Benefits.** Employer is solely responsible for all Plan Benefits including any Plan Benefits paid as a result of any legal action. Employer is responsible for reimbursing CHLIC, its directors, officers and employees for any reasonable expense incurred (including reasonable attorneys' fees) by them in the defense of any action or proceeding involving a claim for Plan Benefits. CHLIC shall reasonably cooperate with Employer, in its defense of such actions.

If Employer directs CHLIC in writing to pay Extra-Contractual Benefits, Employer is responsible for funding the payment and such payments shall not be considered in determining reimbursements or payments under stop loss insurance provided by CHLIC or CHLIC affiliate or in determining any CHLIC or CHLIC affiliate risk-sharing or performance guarantee reimbursements. Employer shall

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reimburse CHLIC for any liability or expenses (including reasonable attorneys' fees) CHLIC may incur in connection with or in defense of its making such payments.

- b. Employer Liability for Plan-Related Expenses. Employer shall reimburse CHLIC for any amounts CHLIC may be required to pay (i) any sales tax or similar benefit- or Plan-related charge, surcharge or assessment, or (ii) under any unclaimed or abandoned property, or escheat law, with respect to Plan Benefits and any penalties and/or interest thereon.

The obligations set forth in this Section 7 shall survive termination of this Agreement.

Section 8. Modification of Plan and Charges

- a. Except as may be otherwise provided in the Schedule of Financial Charges, CHLIC shall have the right to revise the charges identified in this Agreement (i) by giving Employer at least sixty (60) days' prior written notice, (ii) upon any modification or amendment of the benefits under the Plan, (iii) upon any variation of ten percent (10%) or more in the number of Members used by CHLIC to calculate its charges under this Agreement, and/or (iv) upon any change in law or regulation that materially impacts CHLIC's liabilities and/or responsibilities under this Agreement.
- b. Employer shall provide CHLIC written notice of any modification or amendment to the Plan sufficiently in advance of any such change as to allow CHLIC to implement the modification or amendment. Employer and CHLIC shall agree upon the manner and timing of the implementation of such modification or amendment subject to CHLIC's system and operational capabilities.
- c. Employer is solely responsible for communicating any Plan modification or amendment to Members or individuals considering enrolling in the Plan.

Section 9. Modification of Agreement

Except as otherwise provided for in this Agreement, no modification or amendment hereto shall be valid unless in writing and agreed to by an authorized person of each of the Parties. The charges identified in this Agreement may be revised in accordance with Section 8 by CHLIC providing written notice to Employer and Employer indicating its acceptance of the modification either by paying the revised charges or failing to object to such revised charges in writing to CHLIC within fifteen (15) business days of receipt of such notice from CHLIC. The revised charges will be effective on the date indicated in CHLIC's written notice to Employer unless otherwise agreed to by CHLIC and Employer.

Section 10. Choice of Law

- a. This Agreement shall be interpreted and construed in accordance with the laws of the State of Connecticut. Any and all claims, controversies, and causes of action arising out of or relating to this Agreement, whether sounding in contract, tort, or statute, shall be governed by the laws of the State of Connecticut, including its statutes of limitations, without regard to any conflict-of-laws or other rule that would result in the application of the law of a different jurisdiction.
- b. The Parties shall perform their obligations under this Agreement in conformance with all Applicable Laws and regulatory requirements.

Section 11. Information in CHLIC Processing Systems

CHLIC may retain and use all Plan-related claim/payment information recorded/integrated into CHLIC's business records (including claim processing systems) in the ordinary course of business. Such information

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will be available to Employer pursuant to Section 21. CHLIC will retain such Plan-related claim/payment information in accordance with its record retention policy and Applicable Law.

Section 12. Resolution of Disputes

It is understood and agreed that any dispute between the Parties arising from or relating to the performance or interpretation of this Agreement ("**Controversy**") shall be resolved exclusively pursuant to the following mandatory dispute resolution procedures:

- a. Any Controversy shall first be referred to an executive level employee of each Party who shall meet and confer with his/her counterpart to attempt to resolve the dispute ("**Executive Review**") as follows: The disputing Party shall initiate Executive Review by giving the other Party written notice of the Controversy and shall specifically request Executive Review of said Controversy in such notice. Within twenty (20) calendar days of any Party's written request for Executive Review, the receiving Party shall submit a written response. Both the notice and response shall include a statement of each Party's position and a summary of the evidence and arguments supporting its position. Within thirty (30) calendar days of any Party's request for Executive Review, an executive level employee of each Party shall be designated by the Party to meet and confer with his/her counterpart to attempt to resolve the dispute. Each representative shall have full authority to resolve the dispute.
- b. In the event that a Controversy has not been resolved within thirty-five (35) calendar days of the request for Executive Review under Section 12.a, above, either Party may initiate mediation by providing written notice to the other Party, which shall be conducted in Hartford, Connecticut, in accordance with the American Arbitration Association commercial mediation rules ("**Mediation**"), using American Arbitration Association mediators. Each Party shall assume its own costs and attorneys' fees, and the compensation and expenses of the mediator and any administrative fees or costs associated with the mediation proceeding shall be borne equally by the Parties. The Parties shall not, however, be required to mediate the Controversy.
- c. In the event that a Controversy has not been resolved by Executive Review or Mediation, the Controversy shall be settled exclusively by binding arbitration. The arbitration shall be conducted in the same location as noted in Section 12.b above, in accordance with the American Arbitration Association commercial arbitration rules. The arbitration, shall be binding not only on all Parties to this Agreement but on any other affiliated entity controlled by, in control of or under common control with the Party to the extent that such affiliated entity joins in the arbitration. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each Party shall assume its own costs and attorneys' fees, and the compensation and expenses of the arbitrator and any administrative fees or costs associated with the arbitration proceeding shall be borne equally by the Parties. The decision of the arbitrator shall be final, conclusive and binding, and no action at law or in equity regarding the Controversy may be instituted by any Party other than to enforce the award of the arbitrator.
- d. The Parties intend the dispute resolution procedure described above to be a private undertaking. The Parties agree that an arbitration conducted under this provision will not be consolidated with an arbitration involving third parties not parties to this Agreement, including other plans administered in whole or in part by CHLIC or other affiliates of The Cigna Group. The arbitrator will be without power to conduct arbitration on a class or representative basis. The Parties waive their rights to participate in a class action or representative proceeding regarding the Controversy that would otherwise be resolved through the process outlined in this Section 12. The arbitrator may award declaratory or injunctive relief only in favor of the individual Party seeking relief and only to the extent necessary to provide relief warranted by that Party's individual claim. All disputed issues in a Controversy are for the arbitrator to

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decide, except the courts will decide those issues relating to the scope and enforceability of the arbitration provision.

The obligations set forth in this Section 12 shall survive termination of this Agreement.

Section 13. Third Party Beneficiaries

This Agreement is for the exclusive benefit of Employer and CHLIC. It shall not be construed to create any legal relationship between CHLIC and any other party.

Section 14. No Waivers

No waiver by any party of a breach or default of any provision of this Agreement, failure by any party, on one or more occasions, to enforce any of the provisions of this Agreement, or failure by any party to exercise any right or privilege hereunder shall be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of such rights or privileges hereunder, unless and solely to the extent waived by the party against whom the waiver is sought in writing and signed.

Section 15. Headings

Article, section, or paragraph headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

Section 16. Severability

If any provision or any part of a provision of this Agreement is held invalid or unenforceable by a court of competent jurisdiction, such invalidity or unenforceability shall not invalidate or render unenforceable any other portion of this Agreement.

Section 17. Force Majeure

CHLIC shall not be liable for any failure to meet any of its obligations under this Agreement where such failure to perform is due to any contingency beyond the reasonable control of CHLIC or its affiliates or subcontractors, its employees, officers, or directors. Such contingencies include, but are not limited to, acts of God, fires, wars, accidents, labor disputes or shortages, and governmental actions, laws, ordinances, rules or regulations.

Section 18. Assignment and Subcontracting

No Party may assign any right, interest, or obligation hereunder without the express written consent of the other Party; provided, however that CHLIC may assign any right, interest, or responsibility under this Agreement to their affiliates and/or subcontract specific obligations under this Agreement provided that CHLIC shall not be relieved of its obligations under this Agreement when doing so.

Section 19. Notices

Except as otherwise provided, all notices or other communications hereunder shall be in writing and shall be deemed to have been duly made when (a) delivered in person, (b) delivered to an agent, such as an overnight or similar delivery service, (c) delivered electronically, or (d) deposited in the United States mail, postage prepaid, and addressed as follows:

Administrative Services Only Agreement for Golder Ranch Fire District

To CHLIC:

Cigna Health and Life Insurance Company
2000 South Colorado Blvd.,
Tower Three, STEs 1100, 1200
Denver, CO 80222
Attention: Contract Garrett Bruno, Risk & Underwriting Director

To Employer:

Golder Ranch Fire District
1600 E Hanley Blvd.
Tucson, AZ 85737
Attention: Allison Delong, Manager, Human Resources

The address to which notices or communications may be given by any Party may be changed by written notice given by one Party to the other pursuant to this Section.

Section 20. Identifying Information, Internet Usage and Trademark

Each Party reserves all right, title, and interest in and to its respective trademarks, service marks, trade names, trade dress, logos, and other proprietary trade designations, whether presently existing or hereafter authored, developed, established, or acquired (collectively, "Marks"). Except as necessary in the performance of their duties under this Agreement or as separately agreed to in writing, no Party shall use the other Party's Marks in advertising or promotional materials or otherwise. All use of a Party's Marks shall remain subject to such Party's reasonable quality control and brand usage guidelines. Additionally, no Party shall establish a link to the other's World Wide Web site, without the owner's prior written consent. All goodwill arising from use of a Party's Marks shall inure exclusively to such Party's benefit.

The obligations set forth in this Section 20 shall survive termination of this Agreement.

Section 21. Confidentiality

- a. Subject to the requirements of Applicable Law, the terms of this Agreement and the Privacy Addendum in Exhibit C, a signed Business Associate Agreement between Employer and its designee(s), and a signed Confidentiality Agreement between CHLIC and applicable designee(s), CHLIC shall release copies of confidential claims and Plan Benefit payment information in CHLIC's claims system ("**Confidential Information**") and may release copies of proprietary information relating to the Plan in CHLIC's claims system ("**Proprietary Information**") to the Employer and/or its designee(s). Employer will keep Confidential Information and Proprietary Information confidential and will use Confidential Information and Proprietary Information solely for the purpose of administering the Plan or as otherwise required by law. Employer is solely responsible for any unauthorized use or disclosure of Confidential Information and/or Proprietary Information provided by CHLIC pursuant to this Section 21 whether by Employer or its designee and the consequences thereof.
- b. CHLIC and any of its affiliates or subsidiaries which have any Protected Health Information in their possession will maintain the confidentiality of such Protected Health Information in accordance with the Privacy Addendum in Exhibit C and any applicable state privacy laws, including, without limitation, 201 CMR 17.00: Massachusetts Standards for the Protection of Personal Information of Residents of the Commonwealth.
- c. Upon termination of this Agreement and subject to the provisions of Section 21.a above, CHLIC shall make information available to a third party such as a "successor administrator" as requested by

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Employer, to the extent administratively feasible, if the Parties agree upon the charge to be paid by Employer.

The obligations set forth in this Section 21 shall survive termination of this Agreement.

Section 22. Independent Contractors

Except as explicitly set forth in this Agreement, the Parties' relationship with respect to each other is that of independent contractors and nothing in this Agreement is intended, and nothing shall be construed to, create an employer/employee, partnership, principal-agent, or joint venture relationship, or to exercise control or direction over the manner or method by which CHLIC performs services hereunder. No Party shall make any statement or take any action that might cause a third party to believe such Party has the authority to transact any business, enter into any agreement, or in any way bind or make any commitment on behalf of the other Party, unless set forth in this Agreement or expressly authorized in writing by a duly authorized officer of the other Party. For the avoidance of doubt, CHLIC authorized to perform certain services on behalf of Employer under this Agreement and this provision is not intended to in any way diminish that authorization.

Section 23. Reservation of Intellectual Property Rights

Each Party reserves all right, title, and interest in and to its respective copyrights, patents, trade secrets, trademarks, and other intellectual property, whether presently existing or hereafter authored, invented, developed, or acquired. Without limiting the foregoing, as between the Parties, CHLIC shall solely and exclusively own the systems, methodologies, and technology used to provide the services, all modifications, enhancements, and improvements thereto, and all associated intellectual property rights. No rights or licenses are granted to Employer other than the limited right to receive and use the services under and in accordance with this Agreement. CHLIC shall own and be free to use and incorporate without payment or other consideration to Employer any ideas, suggestions, recommendations, or other feedback provided to CHLIC in connection with its provision of the services. Nothing in this Agreement is intended or shall be construed to create any joint authorship, joint inventorship, or similar relationship or endeavor between the Parties.

The obligations set forth in this Section 23 shall survive termination of this Agreement.

Section 24. Entire Agreement

As of the Effective Date, this Agreement constitutes the entire agreement between the Parties regarding the subject matter herein and supersedes all previous and contemporaneous agreements, understandings, inducements or conditions expressed or implied, oral or written, between the Parties, except as herein contained. Further, this Agreement shall not be modified by any shrink-wrap, click-wrap, browse-wrap, click-through, web-site based, online or use agreements ("Click-Wrap") that purport to be accepted or deemed accepted by download or online acknowledgment and to the extent of any conflict between this Agreement and the Click-Wrap, this Agreement shall control. Each Party acknowledges that in entering into this Agreement, it is not relying on any statement, representation, or warranty, other than those expressly set forth herein. Except as otherwise provided herein the provisions of this Agreement shall control in the event of a conflict with the terms of any other agreement regarding the subject matter herein.

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SIGNATURES

IN WITNESS WHEREOF, the Parties have caused this Agreement, to be executed in duplicate and signed by their respective officers duly authorized to do so as of the dates given below. Employer executes as the authorized representative of the Plan with respect to the Privacy Addendum to this Agreement.

Golder Ranch Fire District

Dated: October 21, 2025

By: _____
Printed Name: Vicki Cox Golder
Title: Its GRFD Governing Board Chairperson
Duly Authorized

CIGNA HEALTH AND LIFE INSURANCE COMPANY

Dated: June 5, 2025

By: 
Printed Name: Aimee E. Burnham
Title: Its Contract Director
Duly Authorized

Schedule of Financial Charges

Certain fees and charges identified in this Schedule of Financial Charges will be billed to Employer monthly in accordance with CHLIC's then standard billing practices. However, CHLIC is authorized to pay all fees and charges from the Bank Account unless otherwise specified in this Agreement.

MEDICAL ADMINISTRATION CHARGES		
Product	Description	Charge
Medical	Open Access Plus (OAP) with Care Management Preferred	\$1.00/employee/month
MEDICAL NETWORK ACCESS FEE, UTILIZATION MANAGEMENT FEE AND OPTIONAL PROGRAM FEE		
Product	Description	Charge
Medical	OAP Access Fee	\$0.95/employee/month Included in Medical Administration Charge
AMOUNTS OWED TO CHLIC		
CHLIC may pay amounts with its own funds on behalf of Employer or the Plan for charges which Employer or the Plan is obligated to pay under the Agreement including Plan Benefits, Bank Account Payments (including fixed per person payments and pay-for-performance payments to Participating Providers), governmental taxes or assessments and those amounts paid by CHLIC shall be the Employer's financial responsibility. CHLIC is authorized to recover all such amounts from the Bank Account.		
CIGNA PHARMACY BENEFIT MANAGEMENT SERVICES CHARGES AND RELATED PROVISIONS		
PHARMACY ADMINISTRATION FEE		
Cigna Pharmacy Product Administration Fee, only if applicable, is separate from the Medical Administration Charge shown above, but included on same billing line as the Medical Administration Charge for billing purposes only.		
CHARGES FOR COVERED DRUGS		
Drugs Dispensed by Cigna Home Delivery Pharmacy: CHLIC will charge Employer for Covered Drugs dispensed to Members by Cigna Home Delivery Pharmacy based on the following charges, subject to the "PBM Pricing – Additional Provisions" section:		
Brand Drug Claims: AWP minus an Actuarially Estimated average discount of 21.5%.		
Generic Drug Claims: AWP minus an Actuarially Estimated average discount of 83.0%.		

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Specialty Drug Claims: The Specialty Drug's charge discounted as shown in the Cigna Home Delivery Pharmacy Specialty Drug List, attached as Appendix B hereto.
Dispensing Fees for Both Brand Drug Claims and Generic Drug Claims: An average Dispensing Fee of no more than \$0.00.
Covered Drugs Dispensed by Retail Pharmacies in 30-day* supplies: CHLIC will charge Employer for 30-day supplies of Covered Drugs dispensed by a Retail Pharmacy based on the following charges, subject to the "PBM Pricing – Additional Provisions" section:
*A 30-day supply means any Covered Drug dispensed by a Retail Pharmacy in an amount less than an 83-day supply.
Brand Drug Claims: The lesser of (i) AWP minus an Actuarially Estimated average discount of 19.0%; or (ii) the Retail Pharmacy's U&C Charge.
Generic Drug Claims: AWP minus an average discount of 79.5%.
Dispensing Fees for Both Brand Drug Claims and Generic Drug Claims: An Actuarially Estimated average Dispensing Fee of no more than \$1.30, except in the case of Claims adjudicated at the U&C Charge, for which no separate Dispensing Fee is charged.
Covered Drugs Dispensed by Retail Pharmacies in 90-day** supplies: CHLIC will charge Employer for 90-day supplies of Covered Drugs dispensed by a Retail Pharmacy based on the following charges, subject to the "PBM Pricing – Additional Provisions" section:
**A 90-day supply means any Covered Drug dispensed by a Retail Pharmacy in an amount equal to or greater than an 83-day supply.
Brand Drug Claims: The lesser of (i) AWP minus an Actuarially Estimated average discount of 21.5%; or (ii) the Retail Pharmacy's U&C Charge.
Generic Drug Claims: AWP minus an average discount of 80.5%.
Dispensing Fees for Both Brand Drug Claims and Generic Drug Claims: An average Dispensing Fee of no more than \$0.00, except in the case of Claims adjudicated at the U&C Charge, for which no separate Dispensing Fee is charged.
AGGREGATE SPECIALTY DRUG DISCOUNT
For covered Specialty Drug prescriptions dispensed by a Retail Pharmacy and a Cigna Home Delivery Pharmacy, CHLIC will charge Employer an Actuarially Estimated annual average AWP discount of 16.85%.

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PBM PRICING – ADDITIONAL PROVISIONS	
• The amount paid by CHLIC to the Retail Pharmacy for Claims for Covered Drugs may or may not be equal to the amount charged to Employer and/or Member, and CHLIC will absorb or retain any difference. • For a specific Claim for a Covered Drug dispensed by a Retail Pharmacy or Cigna Home Delivery Pharmacy, and after application of any Plan cost-share requirements, CHLIC shall charge the Employer the lowest of the following amounts: (1) The Prescription Drug Charge; or (2) The pharmacy's submitted U&C Charge, if any. • For a specific Claim for a Covered Drug dispensed by a Retail Pharmacy or Cigna Home Delivery Pharmacy, CHLIC shall charge the Member in accordance with the terms of the Pharmacy Benefit. For example, for a Covered Drug subject to a fixed dollar copayment requirement, CHLIC shall charge the Member the lowest of the following amounts: (1) The fixed dollar copayment for the Covered Drug, if any; (2) The Prescription Drug Charge; and (3) The pharmacy's submitted U&C Charge, if any. • CHLIC may apply, if available and based on price favorability to the Member, a discount card market price for certain non-specialty drug generic products (unless Employer opts out of program enrollment). • Unless specifically noted herein, the discounts to Employer for Covered Drugs set forth in this Agreement are not guaranteed to result in an average aggregate discount off the aggregate AWP of all such Covered Drugs. • Home Delivery Pharmacy Dispensing Fees and Dispensing Fee Guarantees are inclusive of shipping and handling. If carrier rates (i.e., U.S. mail and/or applicable commercial courier services) increase during the term of this Agreement, the Home Delivery Pharmacy Dispensing Fee and Home Delivery Pharmacy Dispensing Fee Guarantee will be increased to reflect such increase(s). • Any pricing guarantees, including any ingredient cost discount or Dispensing Fee guarantee, set forth in this Agreement shall be rendered null and void in the event Employer terminates CHLIC's administration of the Pharmacy Benefit prior to completion of the then-current Plan Year.	

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- CHLIC's fees, Rebates (if any), discounts or guarantees (if any) are, among other conditions communicated in this Agreement or otherwise in writing to Employer, contingent on, and assume, adoption by Employer of a specific Formulary, Retail Pharmacy network, and Plan design features (e.g., cost-share structure, utilization/cost management programs).
- For purposes of all pharmacy ingredient cost discount and Dispensing Fee guarantees and exclusions, only those Specialty Drugs on the Specialty Financial Guarantee Drug List shall be deemed and treated as a Specialty Drug. Specialty Drugs not appearing on the Specialty Financial Guarantee Drug List shall be deemed and treated as a non-specialty drug for ingredient cost discount and Dispensing Fee guarantee and exclusion purposes. The Specialty Financial Guarantee Drug List is subject to change by CHLIC at its discretion and available upon request.
- Notwithstanding any other provision of this Agreement, CHLIC may, effective upon written notice to Employer, adjust any or all of the fees, Rebates (if any), discounts or guarantees (if any) in this Agreement to the extent reasonably necessary to preserve the economic value of this Agreement to CHLIC as it existed immediately prior to any of the following events or changes: (a) there are any significant changes in the composition of the CHLIC pharmacy network utilized by Employer hereunder or in such pharmacy network's contract compensation rates, or the structure of the pharmacy stores/chains/vendors that are contracted with CHLIC, including but not limited to disruption in the retail pharmacy delivery model, or bankruptcy of a chain pharmacy; or there is a change in or to the pharmacy network reflected in the pharmacy pricing summary; or (b) there is a change in government laws or regulations which has a significant impact on pharmacy claim costs; or (c) any material manufacturer-rebate contracts with, or for the benefit of, CHLIC are terminated or modified in whole or in part; or (d) there is any legal action or law that materially affects, or could materially affect the manner in which CHLIC's rebate program is administered or an existing law is interpreted so as to materially affect or potentially have a material effect, on CHLIC's administration of the Plan; (e) a major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, a drug shortage in the market, an issue involving the safety of the drug supply, an unexpected introduction of a new drug (e.g. authorized generic), or similar market event occurs; (f) the Pharmacy Benefit enrollment decreases by equal to or greater than ten (10%) from the enrollment on which CHLIC's financial offer is based; or (g) Employer fails to disclose a material feature of the Plan or the Plan's Pharmacy Benefit or there is a change to the Plan's Pharmacy Benefit including but not limited to the Formulary, benefit designs, OTC plans, clinical or trend programs or otherwise that has the effect of lowering the amount of Rebates earned hereunder or materially impacting any guarantee.

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PHARMACY VACCINE PROGRAM

Notwithstanding anything to the contrary in this Agreement or otherwise, the following terms and conditions shall apply to the administration of vaccines by CHLIC under the Cigna Pharmacy Program.

Vaccine Claims will adjudicate at the lower of the U&C Charge or the amounts shown in the Vaccine Pricing Schedule below. For Vaccine Claims, the U&C Charge shall be the retail price charged by an in-network participating retail pharmacy for the particular vaccine, including administration and dispensing fees, in a cash transaction on the date the vaccine is dispensed as reported to CHLIC by the in-network participating pharmacy.

“Vaccine Claim” means a claim for a Covered Drug which is a vaccine.

Notwithstanding anything to the contrary in this Agreement or otherwise, all Vaccine Claims shall be excluded from the calculation, measurement, and payment of any and all financial guarantees, including but not limited to rebate guarantees, ingredient cost guarantees, and dispensing fee guarantees set forth in this Agreement.

CHLIC reserves the right to revise and modify the Vaccine Pricing Schedule below, including but not limited to revising or adding an additional Pharmacy Vaccine Administration Fee or Vaccine Program Fee, based on changing market dynamics, the entrant of new vaccines, or changes in law or interpretation of law.

Vaccine Pricing Schedule

* To the extent, if any, Employer's Schedule of Financial Charges includes a Pharmacy Administrative Fee charged on a per prescription basis, then such fee shall apply for Vaccine Claims.

	Retail Pharmacy INFLUENZA	Retail Pharmacy COVID	Retail Pharmacy ALL OTHER VACCINES	Member Submitted Vaccine Claims
Pharmacy Vaccine Administration Fee	Pass-Through (Capped at \$20 per in- network Vaccine Claim)	Pass-Through (capped at \$40 per in-network Vaccine Claim)	Pass-Through (capped at \$25 per in- network Vaccine Claim)	Submitted amount
Ingredient Cost	Retail Pharmacy Ingredient Cost as set forth in this Agreement	Retail Pharmacy Ingredient Cost as set forth in this Agreement	Retail Pharmacy Ingredient Cost as set forth in this Agreement	Submitted amount
Dispensing Fee	Retail Pharmacy Dispensing Fee as set forth in this Agreement	Retail Pharmacy Dispensing Fee as set forth in this Agreement	Retail Pharmacy Dispensing Fee as set forth in this Agreement	Submitted amount
Vaccine Program Fee	\$2.50 per Vaccine claim			N/A

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CIGNA HOME DELIVERY PHARMACY DISCLOSURE		
	Product	Charge
Cigna Home Delivery Pharmacy (a CHLIC affiliated company(ies))	Specialty drugs dispensed by Cigna Home Delivery Pharmacy and administered under the Plan's medical benefit. "Cigna Home Delivery Pharmacy" means a duly licensed pharmacy operated by CHLIC or its affiliates, where prescriptions are filled and delivered via the mail service. Cigna Home Delivery Pharmacy may maintain product purchase discount arrangements and/or fee-for-service arrangements with pharmaceutical manufacturers and wholesale distributors. Cigna Home Delivery Pharmacy contracts for these arrangements on its own account in support of its pharmacy operations. These arrangements relate to services provided outside of this Agreement and other pharmacy benefit management arrangements and may be entered into without regard to whether a specific drug is on one of the formularies that CHLIC offers to entities like Employer that sponsor group health plans. Discounts and fee-for-service payments received by Cigna Home Delivery Pharmacy are not part of the administrative fees or other charges paid to CHLIC in connection with CHLIC's services hereunder. This provision shall survive termination or expiration of the Agreement.	The drug's charge under a national specialty drug discount schedule that generates a 20.50% annual average aggregate discount off AWP across specialty drug claims dispensed at Cigna Home Delivery Pharmacy to CHLIC's self-funded and insured group-client book of business.
FEES FOR PROCESSING RUN-OUT CLAIMS		
OAP	Run-Out Period of twelve (12) months	No Additional Cost
Pharmacy	Run-Out Period of three (3) months for all pharmacy claims	No Additional Cost
CHLIC MEDICAL OUT-OF-NETWORK PROTECTION PROGRAM FEES		
Employer agrees that CHLIC will use the programs listed in this section (the "Out-of-Network Protection Programs" or "OON Protection Programs") to contain costs with respect to charges for health care services and/or supplies that are covered by the Plan, as set forth in the applicable Plan Booklet. These services and/or supplies may include, but are not limited to, claims received from non-Participating Providers and claims that are subject to the federal No Surprises Act and are not otherwise subject to state law ("NSA Services"). OON Protection Programs may also apply to covered services and/or supplies received from providers that are not included in certain specialized or narrow networks but who are otherwise Participating Providers in CHLIC's broader networks (for example, OAP Participating Providers that are not included in specialized networks designed for gene therapy or advanced cell therapy, or that are not in the LocalPlus network). CHLIC may contract with vendors to provide or perform various services related to the OON Protection Programs. CHLIC's per claim charges for administering the OON Protection Programs ("OON Protection Program Charges") are identified in the table below and are calculated based on a percentage of the Gross Savings achieved on each claim, i.e., the difference between the charge the provider		

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made or would have made, and the allowable amount achieved by the OON Protection Programs. CHLIC will make OON Protection Program Charges to the Bank Account. OON Protection Program Charges will appear in reports available to Employer, including Employer's Bank Account activity data reports. OON Protection Program Charges shall not exceed \$17,500 per claim (the "Per Claim Cap"). If applicable, CHLIC, or a vendor retained by CHLIC, may participate in negotiation or independent dispute resolution processes arising under: (i) state laws addressing reimbursement of non-Participating Providers or; (ii) the federal No Surprises Act, resulting in payments that are not based on the OON Protection Programs. If additional payment is owed as a result of these negotiations or independent dispute resolution processes, CHLIC, as agent for the Employer, shall make a charge to the Bank Account in the amount of such additional payment.	
1. OON Protection Programs for Services/Supplies that are not NSA Services OON Protection Programs seek a reduction of providers' charges to allowable amounts that CHLIC, in its discretion, determines are market competitive ("Discounts"). Discounts may be determined on a claim-by-claim basis before or after services are rendered. In many cases, applying Discounts may substantially reduce the total cost of the claim and/or the patient's out-of-pocket cost and avoid the patient being balance-billed for amounts the Plan does not cover, but may result in payments higher than the Employer's applicable (a) Plan-/policyholder-selected percentile of provider charges for the same or similar service or supply in the geographic area based on a database selected by CHLIC, or (b) Plan-/policyholder-elected percentage of a fee schedule that CHLIC has developed based on a methodology similar to a methodology used by Medicare to determine the allowable reimbursement for the same or similar service within the geographic market. If no Discount is applied through OON Protection Programs, allowable amounts will be based on the Maximum Reimbursable Charge as calculated without a Discount, unless required otherwise by law. Allowable amounts that are not based on the OON Protection Programs, may result in the patient being balance-billed for the entire unreimbursed amount. Applying the Discounts may avoid balance billing and substantially reduce the cost of the claim and/or the patient's out-of-pocket cost.	
2. OON Protection Programs for NSA Services For NSA Services, CHLIC will issue initial payments at amounts determined by CHLIC or its vendors ("Initial Allowed Amount"). The Initial Allowed Amount may be based on Discounts and may be higher than, equal to, or lower than the recognized amount or qualifying payment amount (QPA), as calculated by CHLIC. Patient cost-share will be based on the lower of the QPA, the non-Participating Provider's billed charges, the Initial Allowed Amount, or the amount determined by CHLIC to be required by state law (if applicable). Patients cannot be balance-billed for amounts the Plan does not cover. Patient cost-share will not increase as a result of negotiations or independent dispute resolution determinations under the No Surprises Act.	
3. OON Protection Program Charges	
1. Network Savings Program	35% of Gross savings

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	<i>Provides access to a network of providers that are contracted through a third party to provide care at a discounted rate. The customer's ID Card must include an icon displaying the third party's network logo to be eligible for any available Discounts. CHLIC does not guarantee that the available Discount will be applied to every eligible claim and application will depend on the level of Discount available.</i>	
2.	Bill Negotiation Services Programs - Supplemental Network <i>Provides access to networks of providers that are contracted through a third party to provide care at a discounted rate. The customer's ID card need not include any third party network logo to be eligible for any available Discounts. CHLIC does not guarantee that the available Discount will be applied to every eligible claim.</i> - Professional Fee Negotiation, including Single Case Agreements <i>CHLIC, or a vendor retained by CHLIC, negotiates an agreement with the provider that establishes the amount at which the provider agrees to accept as payment in full</i> - Re-pricing <i>CHLIC, or a vendor retained by CHLIC, determines the allowed amount based on a rate deemed to be market competitive, and the provider subsequently does not bill and/or obligate the patient the difference between the charged amount and the allowed amount.</i>	35% of Gross savings
3.	State or Federal Compliance Pricing <i>Calculation and application of the recognized amount or QPA for NSA Services, and negotiation or independent dispute resolution under the federal No Surprises Act or state regulation, where payment is not based on the Network Savings Program or Bill Negotiation Services Programs. There are no additional fees charged to the Employer for handling the negotiation or independent dispute resolution process arising under state law or the federal No Surprises Act.</i>	35% of Gross savings
4.	Independent Dispute Resolution Administration Fee under the federal No Surprises Act <i>Per dispute administration fee when a provider files a dispute. The Administration Fee is subject to change per any adjustments made by applicable law, rule, or regulation.</i>	\$115 Administration Fee per dispute
5.	Independent Dispute Resolution Entity Fee under the federal No Surprises Act <i>Per dispute arbitration entity fee when a provider files a dispute.</i>	\$450 Entity Fee per dispute

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CHLIC MEDICAL PAYMENT INTEGRITY PROGRAM FEES		
CHLIC administers the programs listed below to contain costs with respect to charges for non-Participating and Participating medical health care service/supplies that are covered by the Plan (the “ Payment Integrity Programs ”). In administering these Payment Integrity Programs, CHLIC may contract with vendors to perform various tasks related to the Payment Integrity Programs.		
CHLIC’s charge for administering the Payment Integrity Program is the applicable percentage indicated in the table below of the:		
1	“Gross Savings” (i.e., the difference between the originally calculated allowable amount and the amount paid to the provider as a result of the Payment Integrity Program); and	
2	“Gross Recovery” (i.e., the amount recovered as a result of the Payment Integrity Program).	
CHLIC will make a per claim charge to the Bank Account that includes both CHLIC’s applicable Payment Integrity Program charge, as shown in the table below, and the applicable vendor charge. CHLIC will pay the vendor its charge. Payment Integrity Program charges will appear in Employer’s Bank Account activity data reports.		
1.	Bill Review, Clinical coding validation and editing (Pre- and Post-payment) Includes: • Hospital Bill Review (Inpatient/Outpatient) • Medical Implant Device Review (Inpatient/Outpatient) • Clinical Waste and Abuse Claim Review (Facility & Professional) • High-Cost Specialty Pharmaceutical Review • Other Target Billing Accuracy Programs	If there is savings or recovery, any fees or expenses passed through by the hospital or regulatory agency, plus 29% of the gross savings/gross recovery
2.	Diagnosis Related Grouping (DRG) Review (Pre- and Post-payment) to ensure coding is consistent with care rendered and coding standards.	If there is savings or recovery, any fees or expenses passed through by the hospital or regulatory agency, plus 29% of the gross savings/gross recovery
3.	Coordination of Benefits (COB) Investigation and Recoveries to identify if Member has other insurance. Includes Medicare and other commercial health coverage.	29% of the gross recovery

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4.	Secondary Vendor Recovery Program. Specialized vendor partners run proprietary queries to determine the reasonableness, appropriateness, accuracy, and applicability of select claim payments	29% of the gross recovery
5.	Provider Credit Balance Recovery Program. Audit/reconciliation of facility accounts which are in a negative balance, due to incorrect billing or payment made to a provider.	29% of the gross recovery
6.	Eligibility Overpayment Recovery Vendor Services. Identification and recovery of funds in situations where the overpayment is due to the late receipt of Member termination information.	29% of the gross recovery
7.	Subrogation/Conditional Claim Payment. Identification, investigation, and recovery of claim payments involving other party liability or where another entity is responsible for payment (including by way of example but not by limitation automobile insurance, homeowner insurance, commercial property insurance, worker's compensation).	29% of the gross recovery if no counsel is retained and in all other instances, including cases where state law requires that employee benefit plans be named as party defendants or involuntary plaintiffs. Litigation costs if counsel is retained and an appearance is filed on behalf of CHLIC or Employer in any litigation, or a lawsuit is filed on their behalf, plus 5% of the gross recovery.
8.	Medical Cost Class Action Recoveries. CHLIC identifies, monitors, and may (but is not required to) participate, on behalf of Employer, as a plaintiff in class action lawsuits or similar legal proceedings against third parties whose actions entitle Employer to recover damages for medical costs it paid as Plan Benefits (e.g. medical device product liability class actions, mass	35% of the gross recovery

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	tort recovery class actions, etc.), including, without limitation, lawsuits alleging legal or equitable claims like product liability, fraud, anti-trust violations, or unfair trade practices. As part of this authority, CHLIC may participate in a settlement, exclude Employer from a settlement and/or otherwise represent Employer's interests outside the settlement. CHLIC collects and retains a percentage any recovery (net of attorneys' fees) attributable to Employer's Plan as compensation for these services.	
CHLIC PHARMACY COST CONTAINMENT FEES		
CHLIC administers the following programs to contain costs with respect to charges for health care service/supplies that are covered by the Plan. In administering these programs, CHLIC contracts with vendors or a CHLIC affiliate to perform program related services. CHLIC's charge for administering these programs may be a percentage (indicated below) of the "recovery" (i.e. the amount recovered) as applicable.		
Class Action Recoveries	CHLIC identifies, monitors, and may (but is not required to) participate, on behalf of Employer, in class action lawsuits or similar legal proceedings against pharmaceutical manufacturers, including, without limitation, lawsuits alleging legal or equitable claims like fraud, anti-trust violations, or unfair trade practices by a manufacturer. As part of this authority, CHLIC may participate in a settlement, exclude Employer from a settlement and/or otherwise represent Employer's interests outside the settlement. CHLIC collects and retains as a recovery fee set forth herein of any recovery (net of attorneys' fees) attributable to Employer's Plan.	35.00% of recovery
Pharmacy Recoveries	CHLIC performs regular, ongoing review of 100% of Retail Pharmacy claims through desk audit and field audit based on a predictive model in order to determine the accuracy of payments for 100% of Retail Pharmacy claims. In the event that it is discovered that an overpayment has been made to a Retail Pharmacy, CHLIC shall take reasonable steps to recover and return 100% of the overpayment pursuant to the terms of this Agreement.	Included at no Additional Cost
SaveOnSP Program	A Member cost share savings program available when the Employer makes plan design changes to certain, designated covered prescription drugs as non-essential health benefits and establishes Member cost share at amounts that allow for receipt of manufacturer-supported patient cost share assistance. The program fee shall be measured and calculated based on the program's standard savings methodology. Payment of program fees shall be charged to the Bank Account and invoiced on a monthly, incurred basis. Additional terms and conditions of the SaveOnSP program are set forth in the attached SaveOnSP Appendix C.	25.00% of program savings plus any applicable tertiary cost share

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CIGNA PATHWELL SPECIALTY SM							
Cigna Pathwell Specialty	Cigna Pathwell SpecialtySM is a network benefit that manages certain injected and infused specialty medication costs by guiding Members to cost-effective and clinically appropriate in-network Pathwell Specialty Providers¹, including specialty pharmacies (which may include CHLIC affiliates) and other treatment settings. It is supported by a high-touch Cigna Pathwell Specialty Care Management Team, which proactively guides Members using out-of-network providers to in-network benefits while also providing Members with education and referrals to other Cigna health programs, including those focused on wellness and behavioral health as appropriate. Additionally, both Members and providers have access to easy-to-use provider look-up tools with geolocation features that identify in-network Pathwell Specialty Providers. ¹ “Pathwell Specialty Providers” means an in-network specialty pharmacy the health care professional orders medication from or the place (location) where Participants are having their treatment done. Except as provided below, for in-network medical claims covered under the Pathwell Specialty benefit, Employer shall pay CHLIC according to the following Average Sales Price (ASP) schedule whereby the category equates to the type of Pathwell Specialty Provider. ASP is used to the extent available. If ASP is not available, CHLIC may use a reasonable substitute. CHLIC follows a rational, reasonable, and auditable process to establish categories and ASP ranges by category. Subject to execution of a mutually agreed upon audit agreement, third party audits of the process used to categorize a type of provider or the assignment of ASP % on a select set of claims can be arranged upon Employer request. Pathwell Specialty Providers will be assigned to a tier based on their contracted rates. Pathwell Specialty Providers will not be moved between tiers mid-calendar year unless there is a change in their contracted Pathwell Specialty rates or a market event. Review of provider tiers outside of changes to the contracted rates will occur on an annual basis. The distribution and list of providers across tiers within the Cigna Pathwell SpecialtySM network, will be provided upon Employer request. <table border="1"> <thead> <tr> <th>Category</th><th>ASP Range</th></tr> </thead> <tbody> <tr> <td>Tier A: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies</td><td>106% - 135% ASP</td></tr> <tr> <td>Tier B: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies</td><td>136% - 160% ASP</td></tr> </tbody> </table>	Category	ASP Range	Tier A: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	106% - 135% ASP	Tier B: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	136% - 160% ASP
Category	ASP Range						
Tier A: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	106% - 135% ASP						
Tier B: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	136% - 160% ASP						
	All Medical Products Except Cigna SureFit, Comprehensive, Indemnity, Network, Network OA, Network POS, and Network POSOA						

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	Tier C: Office, Home, Free Standing Infusion Suites, and Specialty Pharmacies	161% - 190% ASP
	Tier D: Outpatient Hospital	120% - 155% ASP
	Tier E: Outpatient Hospital	156% - 190% ASP
	Tier F: Outpatient Hospital	191% - 225% ASP
	Tier G: Outpatient Hospital	226% - 260% ASP
Employer understands and agrees that the amount paid by CHLIC to the Pathwell Specialty Provider for such claims may or may not be equal to the amount charged to Employer and CHLIC will absorb or retain any difference. Additional reporting available upon request. In some instances, the in-network charge for specialty medications from Pathwell Specialty Providers will be based upon their provider contract and not in accordance with the above ASP Schedule. In the event of contract or market changes, these Pathwell Specialty Providers may be added during a calendar year to a tier under the ASP Schedule and reimbursement would then be based upon the ASP Schedule. Similarly, a Pathwell Specialty Provider who began the calendar year in a tier under the ASP Schedule may be moved to charges for specialty medications based upon their provider contracts rather than the ASP Schedule in the event of a contract or market change. To the extent a claim is submitted by a Pathwell Specialty Provider such that a data error is indicated, the claim would not be subject to the ASP schedule, above.		
EMBARC BENEFIT PROTECTION® A NETWORK SOLUTION FOR CERTAIN HIGH-COST GENE THERAPY DRUGS		
Embarc Benefit Protection	To provide financial protection from the high cost of certain gene therapy drugs, CHLIC has contracted with an affiliate, eviCore (“eviCore” refers to eviCore healthcare MSI, LLC d/b/a/ eviCore healthcare and certain of its affiliates), to arrange for the provision of the gene therapy drugs listed on Cigna.com and Evernorth.com for Members when the indicated drugs are covered by the Plan administered by CHLIC, and medically necessary (as determined by CHLIC). Gene therapy drugs are continually being evaluated and may be added to the network solution after FDA approval. The complete list of included drugs and any associated contractual limitations can be found at both Cigna.com and Evernorth.com.	
	\$1.25 per Member/per month	If, across eviCore’s entire Embarc Benefit Protection book of business (Cigna and non-Cigna clients), eviCore’s cost for

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	As a result of this network contracting arrangement, eviCore is in most cases the exclusive, in-network Participating Provider of these drugs. eviCore arranges for the provision of these drugs through its network of specialty pharmacies (including its affiliate, Accredo), and certain facilities authorized to administer the gene therapies by the drug manufacturers. eviCore will reimburse these specialty pharmacies and facilities at negotiated reimbursement rates. This network solution is called Embarc Benefit Protection. For arranging for the provision of these drugs, eviCore will be reimbursed by CHLIC on a fixed Per Member Per Month (PMPM) basis. eviCore's PMPM fee (which is subject to change) will be charged to the Bank Account one month in arrears. (e.g., eviCore's charges for January will be made in February.) These Bank Account Payments will appear in Employer's monthly reporting. Embarc Benefit Protection does not provide financial protection from the cost of administering these drugs. These costs are small in comparison to the drug costs. When covered under the Plan and determined by CHLIC to be medically necessary for the treatment of the specified conditions, Members will not incur any out-of-pocket costs for the drugs and the Plan will not be required to reimburse any expenses for the drugs with the following exceptions: <u>Exceptions:</u> 1. Members with an HSA must have met the applicable minimum deductible required for a high deductible health plan. 2. As otherwise stated on Cigna.com or Evernorth.com eviCore's Embarc Benefit Protection and PMPM charge do not apply to a plan that: i. does not cover all drugs included in Embarc Benefit Protection; ii. covers any of the drugs exclusively under its pharmacy benefits which are not administered by CHLIC, or iii. does not utilize an eviCore participating provider. Upon Employer's request on or after the Effective Date, CHLIC shall provide to Employer an updated drug list, if applicable. CHLIC may revise charges/fees by giving Employer at least thirty (30) days' prior written notice.	the covered drugs provided in a given calendar year is lower than a predetermined percentage of the PMPM charges received, eviCore will refund the difference pro rata, for both active and terminated clients, after having fully recovered the outstanding balance created by any prior year deficits. The refund, if any, will be determined on an eviCore Embarc benefit Protection book-of-business basis. The refund will be provided by March 31st of the following year. Assuring Transparency: After the refund is made for a particular calendar year, eviCore will, upon request, provide
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		Embarc Benefit Protection book-of-business information for that calendar year.		
ADVANCED CELLULAR THERAPY PROGRAM				
Advanced Cellular Therapy Program	The Advanced Cellular Therapy Program (ACT) is an enhanced network benefit solution designed to manage the high cost of advanced cellular therapies (e.g. CAR T-cell therapy). This program delivers predictability, clinically appropriate care and maximizes affordability by leveraging a specially selected provider network, with benefit language that includes a travel benefit and a dedicated care management team to support Participating Members receiving these therapies. For all in-network medical claims covered under the ACT Program at an existing ACT participating provider, Employer shall pay CHLIC (who in turn will pay the rendering ACT participating provider) a Guaranteed Price for the covered advanced cellular therapy. The Guaranteed Price shall equal the Average Wholesale Price (AWP) of the covered advanced cellular therapy minus 10% and will be charged to the Bank Account. <table><tr><td>Guaranteed Price for the covered advanced cellular therapy (ACT)</td><td>AWP minus 10%</td></tr></table> Employer understands and agrees that the amount paid by CHLIC for the therapy may or may not be equal to the Guaranteed Price charged to Employer and CHLIC will absorb or retain any difference. There are related costs for Participating Members receiving these therapies that will be paid as covered services according to the Plan.	Guaranteed Price for the covered advanced cellular therapy (ACT)	AWP minus 10%	
Guaranteed Price for the covered advanced cellular therapy (ACT)	AWP minus 10%			
CARE MANAGEMENT/COST CONTAINMENT PROGRAM FEES				
	CHLIC arranges for third parties to provide care management services to: (i) contain the cost of specified health care services/items overall with respect to all plans insured and/or administered by CHLIC, and/or	Applicable third-party fees and care management program services are listed below,		

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	(ii) improve adherence to evidence based guidelines designed to promote patient safety and efficient patient care. Unless otherwise specified in this Schedule of Financial Charges, charges for these services will be processed through the Bank Account.	and additional details are available upon request.
	Medical Management (inclusive of Medical Necessity Review) of Chiropractic services.	National Average is \$0.16 PMPM; rates vary by market and are available upon request.
	In addition to such third parties, CHLIC has arranged for an affiliate, eviCore, to provide the following care management/cost-containment programs: Pre-certification of coverage of radiation therapy services.	
	Pre-certification of coverage of diagnostic cardiology services.	\$958.00 per episode of care (EOC)
	Pre-certification of coverage of medical oncology services.	\$0.19 PMPM
	Pre-certification of coverage of medical oncology services.	\$1,136.00 per episode of care (EOC)
	Oncology Consult Service. Medical oncology cases submitted for prior authorization will be subject to additional review against certain clinical criteria, including the appropriate setting of care/service, to determine if the case would benefit from a physician-to-physician consult focused on the accuracy of the diagnosis and the optimal treatment plan. eviCore will engage a third party to facilitate the consultation, which will occur only upon acceptance by physician and the consent of the Participant.	\$4,250.00 per completed consultation (Billed directly to Employer)
	Pre-certification of coverage of musculoskeletal therapy services.	\$0.42 PMPM
	Services related to the coverage of high-tech radiology which may include pre-certification. In certain instances, the Plan will pay eviCore a fee on a per member/per month basis for pre-certification, arranging care, and other services that eviCore may render. Such	Fee reimbursement method and rates may vary by market and are

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	reimbursement will be in addition to the amount that the Plan pays to reimburse the provider through which eviCore arranged for the provision of the service or supply, which will be based on eviCore's contracted rate with that provider. In such instances, Plan Benefits and member cost-share will be determined based on the rate that eviCore contracted to pay the provider for the provision of the service or supply. eviCore may also charge for services related to the provision of high-tech radiology as described below in "Other Vendors and Health Care Services Providers."	available upon request.
	Pre-certification of coverage of gastroenterology services.	\$0.12 PMPM
	Pre-certification of coverage for appropriate setting of care/service for high-tech radiology services	\$0.17 PMPM
	Pre-certification of coverage of sleep management services.	\$0.13 PMPM
	Network management and care coordination of coverage of home health, durable medical equipment and home infusion services.	\$0.32 PMPM
	CHLIC may revise charges/fees by giving Employer at least sixty (60) days' prior written notice.	
EXTERNAL REVIEW AND CONSULTATIVE REVIEW FEES		
	When a Member elects an External Review (as that term is defined in the Patient Protection and Affordable Care Act (PPACA)) of a benefit determination by an independent third party, the cost of a specific third party review is dependent on the nature and complexity of the issue on appeal. Third party review charges will be commensurate with the level of expertise necessary and the time required to complete the review.	\$500-\$1,500 Per Review
STRATEGIC ALLIANCES		
	CHLIC contracts directly or indirectly with other managed care entities and third party network vendors for access to their provider networks and discounts. These third parties charge a network access fee, which is included in CHLIC's monthly charges, as a result of the application of their discounts. Additional details regarding specific charges will be provided upon request.	All Medical Products
OTHER VENDORS AND HEALTH CARE SERVICES PROVIDERS		
	The fixed per person per period and/or fee-for-service charges that CHLIC has directly or indirectly negotiated with Participating Providers for in-network health care services and/or supplies will be charged to the Bank Account and will be used in calculating any applicable Member cost-sharing. In addition, performance-based payments to Participating Providers will	All Products

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	be charged to the Bank Account. Such payments will be at the payment rates then in effect, which may be amended from time to time. CHLIC will charge a fee equal to a percent of performance-based payments, which will be added to these payments to support incremental costs associated with administering the programs. Additional reporting available upon request. For certain types of specialty care, including, but not limited to, home health care, durable medical equipment, sleep management, high tech radiology, chiropractic care, acupuncture, physical medicine (such as physical and occupational therapy), speech therapy, orthotics and prosthetics, implants, and hearing, in certain markets CHLIC may contract with various third parties and/or affiliated companies, including eviCore, (“Specialty Vendors”) to arrange for the provision of care through their own networks of health care providers on a fee-for-service basis. In addition to arranging for care through their own networks of providers, these Specialty Vendors may also provide additional services, including utilization management services and case management services designed to (i) improve adherence to coverage guidelines; and (ii) contain overall healthcare costs to the Plan. Specialty Vendors are included within the definition of “Participating Provider” set forth in this Agreement and in any benefit booklet covering the Plan. When care is arranged through a Specialty Vendor’s network of providers, the form of reimbursement to the Specialty Vendor will be through one of the following methods: • <u>Fee-For-Service Payment</u>: In certain instances, the Plan will pay the Specialty Vendor rather than the treating provider on a fee-for-service basis as a claim for Plan Benefits. The Specialty Vendors’ fee-for-service charges may be higher than the amounts that the Specialty Vendor contracts to pay the provider for the provision of any particular service or supply, and some portion of the Specialty Vendor’s charges may be attributable to the services that the Specialty Vendor provides in addition to those services or supplies provided by the Specialty Vendor’s network of providers, including any utilization management services and case management services. In such instances, Plan Benefits and member cost-share will be determined based on the Specialty Vendor’s charges according to Plan terms. • <u>Administration Capitation Payment</u>: In certain instances, the Plan will pay the Specialty Vendor a fee on a per member/per month basis for arranging care and other services that the Specialty Vendor may render. Such reimbursement will be in addition to the amount
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	that the Plan pays to reimburse the provider through which the Specialty Vendor arranged for the provision of the service or supply, which will be based on the Specialty Vendor's contracted rate with that provider. In such instances, Plan Benefits and member cost-share will be determined based on the rate that the Specialty Vendor contracted to pay the provider for the provision of the service or supply. • <u>All-Inclusive Capitation Payment</u>: In certain instances, the Plan will pay the Specialty Vendor a fee on a per member/per month basis that covers (i) the services that the Specialty Vendor may render, including arranging care, and (ii) the fees charged by the provider through which the Specialty Vendor arranged for the provision of the service or supply. In such instances, Plan Benefits and member cost-share will be determined based on the rate that the Specialty Vendor contracted to pay the provider for the provision of the service or supply. CHLIC's arrangements with Specialty Vendors are subject to change at any time, and upon request, additional information can be provided that identifies current Specialty Vendors, their area of specialty(ies), whether they are CHLIC affiliates, and the form of payment that they currently receive.	
	NOTICE REGARDING PAYMENTS FROM THIRD PARTIES	
Rebate and Other Remuneration Disclosure (Pharmacy)	CHLIC or its affiliates may contract with pharmaceutical manufacturers or other third parties for Rebates, Manufacturer Administrative Fees, and other remuneration on its or their own behalf and for its and their own benefit, and not on behalf of Employer or the Plan. Accordingly, unless otherwise specified in this Schedule of Financial Charges, CHLIC and its affiliates retain all right, title and interest to any and all actual Rebates, Manufacturer Administrative Fees, and other remuneration received from manufacturers or other third parties; neither Employer, its Members, nor Employer's Plan retains any beneficial or proprietary interest in any such remuneration, which shall be considered part of the general assets of CHLIC and its affiliates. As an example of the remuneration other than Rebates or Manufacturer Administrative Fees that CHLIC or its affiliates may earn, CHLIC or its affiliates may also directly or indirectly earn from pharmaceutical manufacturers remuneration in connection with value payments and/or services that CHLIC provides to Employer ("Value-Based Payments"). Notwithstanding anything in this Agreement to the contrary, any Value-Based Payments earned by CHLIC or its affiliates are separate and apart from any Rebates or Manufacturer Administrative Fees that CHLIC or its affiliates directly or indirectly earn from pharmaceutical manufacturers, and CHLIC and its affiliates may retain any Value-Based Payments it earns. As examples of the	All Pharmacy Products

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	value payments and/or services that CHLIC may provide to Employer in connection with Value-Based Payments that CHLIC or its affiliates may earn, CHLIC may provide care management or related services to Employer and/or remit to Employer monetary credits if Members discontinue therapy on certain pharmaceutical products. Information regarding any services, and/or monetary credits or other financial value, for which Employer may be eligible with respect to specific pharmaceutical products or therapeutic classes/conditions, including the products for which monetary credits or other financial value may be available to Employer, the amount of that value, and other payment terms, is available upon request. Any value payments and/or services provided by CHLIC to Employer are subject to change or termination by CHLIC as the value program(s), if any, offered by CHLIC change(s) or terminate(s). Information on the projected aggregate amount of such Rebates with respect to the Plan Pharmacy Benefit will be provided upon request. This provision shall survive termination or expiration of the Agreement.	
Rebate and Other Remuneration Disclosure (Medical)	CHLIC may directly or indirectly receive and retain payments under contracts with pharmaceutical manufacturers or third parties with respect to Members' utilization of the manufacturer's products covered under the Employer's Plan medical benefit. These payments may include rebates, service fees (e.g. administrative fees), or other remuneration. CHLIC directly or indirectly contracts with pharmaceutical manufacturers or other third parties for any remuneration on its own behalf, based on its book of business, and for its own benefit, and not on behalf of Employer or the Plan. Accordingly, CHLIC retains all right, title and interest to any and all such remuneration received from manufacturer; neither Employer, its Members, nor Employer's Plan retains any beneficial or proprietary interest in any such remuneration, which shall be considered part of the general assets of CHLIC. This provision shall survive termination or expiration of the Agreement.	All Medical Products
Implementation/Referral Fee Disclosure	From time to time, CHLIC, directly or through its affiliates, arranges with third parties (e.g., service vendors, provider network managers) to provide various services (e.g., cost-containment services or health care services) in connection with the Plan. CHLIC and its affiliates may receive payments from such third parties to help defray CHLIC's expenses associated with its implementation and/or ongoing administration of these arrangements or as a reimbursement for services or network access provided to such parties by CHLIC. CHLIC may also receive compensation from third-party vendors that Employer may retain based upon a referral from	All Products

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	CHLIC or that Members may utilize following an introduction facilitated by CHLIC or an affiliate. CHLIC may also receive: • network administration fees from some providers participating in its provider network, • credits from banks on balances in accounts utilized to administer claims, • non-material incidental compensation/benefits from other source as a result of administering the Plan.	
SBC COMPLIANCE ASSISTANCE		
	CHLIC shall provide the following services to assist Employer in meeting its compliance obligations under section 2715 of the Public Health Service Act as added by the Patient Protection and Affordable Care Act and applicable regulations with respect to the provision of the Summary of Benefits and Coverage ("SBC"), translation notice and glossary. Applicable to all medical plans including HRA and FSA which are considered "group health plans" subject to the SBC requirements.	
1.	Preparation of SBC, translation notices. CHLIC will not be responsible for any changes that Employer makes to the SBC.	No charge
2.	Provide SBC, translation notices prepared by CHLIC to Employer electronically as well as any updates or material modifications.	No charge
3.	Include in SBC a summary of benefits administered by carve-out vendor if Employer or carve-out vendor provides CHLIC with necessary carve-out benefit information at least twelve (12) weeks prior to the date the SBCs are to be delivered to Employer.	\$500 for each benefit option under the Plan for which carve-out vendor benefits are included in SBC

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ADDITIONAL SERVICES		
Service	Description	Charge
Behavioral Health	Access to inpatient and outpatient behavioral health services and focused utilization review and case management for both inpatient and outpatient, in-network behavioral health services. When applicable, only to Members in CA/NV.	For OAP Products: Included in Medical Access Fee
Comprehensive Maternity Program	Cigna Healthy Pregnancies, Healthy Babies™ program is a comprehensive maternity management program. The goal of the program is to reduce the number of pre-term and underweight babies by promoting a healthy pregnancy. Expectant mothers can enroll using either the Cigna Pregnancy App (no additional cost for both Apple and Android platforms), or call to speak with a HPHB team member over the phone. The program delivers education and telephonic support to pregnant women through the post-partum period. Nurses answer medical related questions and make suggestions for behavior changes and medical interventions aimed at improving the health of the mother and baby. Program support also covers preconception and infertility. Financial incentives may be awarded to women at the completion of this self-referral program based on the trimester enrolled.	For OAP Products: Included in Medical Access Fee
Pharmacy Clinical Program(s)	inMynd - is a clinically-based Member and provider comprehensive behavioral health program that includes regular retrospective review of pharmacy and medical claim data to identify certain "at risk" (i.e., members with complex psychiatric conditions using multiple psychotropic medications) member utilization patterns to help both members and providers better recognize, treat and support mental and behavioral health conditions. Integrated Opioid Management – CHLIC's Integrated Opioid Management program is a clinically based program that uses integrated data and predictive analytics to identify Members who may benefit from the program, including first-time opioid users. The program offers counseling and other alternative means through the Plan's pharmacy benefit using clinically based provider programs, and CHLIC behavioral experts to support interventions with identified Members.	Included at No Additional Cost
Pharmacy Utilization Management Program	Essential Package - a utilization management program under which some pharmaceutical products are subject to one or several coverage limitations, including prior authorization, step therapy and/or quantity limits. Under a prior authorization requirement, the requested drug is generally reviewed for clinical appropriateness based on the intended use in therapy. Under a step therapy requirement, the Member generally must try one or more preferred products, or demonstrate why trying the preferred product(s) would be clinically inappropriate, in order to obtain coverage for the requested drug.	Included in Pharmacy Administration Fee

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Specialty Medication Support	A targeted condition medication therapy management program in which CHLIC provides support for Members using specialty medications for certain chronic conditions and that are obtained or administered at retail pharmacies or outpatient, office or home health care settings. As part of the program, Members are assisted with any questions they may have around medication side effects, given explanation around their Plan benefits, informed of the importance of adherence, assisted with the prior authorization renewal coordination, and assisted with referrals to CHLIC Integrated Pharmacy Solutions clinicians and referrals to other Cigna coaching programs. CHLIC acts as the primary point of contact for Members enrolled in specialty condition counseling and works to ensure that Member needs are coordinated and referred appropriately. CHLIC conducts standardized assessments of Members to identify potential clinical issues and works in conjunction with nurses, pharmacists, and other parties to resolve. For the sake of clarity, if a specialty pharmacy affiliate of CHLIC provides therapy management for specialty medications the pharmacy dispenses to Members, then it does so in its capacity as a specialty pharmacy and not on behalf of CHLIC; CHLIC does not exert direction or control over the pharmacists at any specialty pharmacy affiliate.	Included at No Additional Cost
SafeGuardRx Program	A medication therapy management and cost containment program for select therapeutic conditions such as but not limited to oncology, inflammatory conditions, and multiple sclerosis and select drugs within therapeutic categories. This program seeks to help reduce drug therapy costs through its program offerings. For example, employers may qualify for the payment of discontinuation drug therapy credits and/or the reimbursement of drug therapy through drug cost caps, on select medications and therapeutic conditions. This program may also provide for Member outreach or counseling on select medications. CHLIC reserves the right to revise, modify, or terminate this program, in whole or in part, at any time. Additional and specific program information is available upon request.	Included at No Additional Cost
Your Health First	A proactive health education and improvement program for Members with a chronic condition. The program involves services that span across the Member's health needs. Behavioral coaching principles and evidence based medicine guidelines are utilized to optimize self-management skills and foster sustained health improvements. The program targets a chronic population at high risk for near term and future high cost medical expenses. Members are identified as having a chronic condition through a variety of sources which may include: claims data, referrals, and self-identification. A variety of	For OAP Products: Included in Medical Access Fee

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	resources is provided to those with a chronic condition, including access to online tools, personalized support, and targeted materials. The program includes the following components for those with a chronic condition: • Chronic condition-specific coaching • Pre- and post-discharge calls • Lifestyle management coaching: stress, weight management and tobacco cessation • Treatment decision support and coaching	
Well-Being Solution	Cigna uses affiliates (Evernorth) and third parties to provide Health and Well-Being solutions to: • Offer Employers best-in-class, personalized, digital-first experience to engage Members age 18+ in building healthier habits and enhance their vitality.	Included in Medical Access Fee
	Core Plus Package – includes. • Health Assessment. • Device/App Integration. • Personalized online content and data-driven actions. • Social connections/challenges.	
Cigna One Guide®	The Cigna One Guide® advocacy solution utilizes a multimodal approach to support members and help them successfully navigate the health care system. members are serviced by personal guides that include frontline service staff, as well as clinicians and non-clinician support staff from our medical, behavioral and pharmacy programs. In addition to connecting with personal guides via telephone, members can also interact with personal guides via the click-to-chat feature on myCigna.com (web and app), enabling members to engage with CHLIC and One Guide in the way in which they prefer. One Guide helps simplify and strengthen the connection between members, their benefit plan, and their overall health and well-being. Through personalized and relevant messaging, One Guide proactively engages members with clear ways to save money, stay healthy, and improve health outcomes that lead to a healthy lifestyle. One Guide offers:	For OAP (OAP 2000, OAP 2000 Retiree, OAP HDHP 3300, OAP HDHP 3500 Retiree) Products: Included in Medical Access Fee

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	- education on health plan features, account balances and ways to maximize benefits and earn available incentives - guidance in finding the right doctor, lab, convenience care or pharmacy - immediate connection to health coaches and other resources The goal of One Guide is to help Members take care of what matters most- staying healthy, saving money, and improving health.	
Transparency in Coverage and Consolidated Appropriations Act, 2021	CHLIC will make available an internet-based self-service tool for use by Members, as well as certain data in machine-readable file format on a public website, as required under the Transparency in Coverage rule. Members can access the cost estimator tool on myCigna.com. Updated machine-readable files can be found on Cigna.com and/or CignaForEmployers.com on a monthly basis. Pursuant to Consolidated Appropriations Act (CAA), Section 106, CHLIC will submit certain air ambulance claim information to the Department of Health and Human Services (HHS) in accordance with guidance issued by HHS. Subject to change based on government guidance for CAA Section 204, CHLIC will submit certain prescription drug and health care spending information to HHS through Plan Lists Files (P1-P3) and Data Files (D1-D8) (D1-D2 for employers without integrated pharmacy product) aggregated at the Market Segment and State level, as outlined in guidance.	Included in Medical Administration Fee
Health Improvement Fund		
Health Improvement Fund	For clinical/wellness/behavioral programs offered by CHLIC that are purchased, CHLIC will establish a Health Improvement Fund in the amount of \$75,000.00. This fund will be used to defray the cost of CHLIC designated and arranged health and wellness improvement programs (e.g. biometric screenings, flu shots) for Employees of Employer and to reward participation in these programs. The Health Improvement Fund is a one-time credit to be used from July 1, 2025-June 30, 2026. Unused funds cannot be rolled over and CHLIC must pre-approve use of the Health Improvement Fund. The Health Improvement Fund shall be extinguished upon notice of termination of the Agreement and any fund amount not used prior to the notice of termination of the Agreement shall only be available to Employer for the purpose of funding the cost of those reimbursable services provided prior to such notice of termination.	

Exhibit A - Plan Booklet

A "Plan Booklet" that describes the Plan Benefits and Members' rights and responsibilities under the Plan will be provided by Employer to CHLIC for its use in administering the Plan including denials and appeals of denials of claims for Plan Benefits. If Employer has not provided CHLIC with a copy of its finalized Plan Booklet by the time the Agreement is effective, CHLIC will administer the Plan in accordance with the Plan Benefits described in the Plan Booklet draft provided by CHLIC to Employer and Section 2 of the Agreement. CHLIC will continue to administer the Plan in this manner until CHLIC receives the finalized Plan Booklet and follows CHLIC's preparation and review process. After that time CHLIC will administer the Plan in accordance with Plan Benefits described in the finalized Plan Booklet and Section 2 of the Agreement.

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Exhibit B – Services

BANKING AND ADMINISTRATION		
<u>Excluding Health Savings Account</u>		
	Furnishing CHLIC's standard Bank Account activity data reports to Employer as and when agreed upon. CHLIC's administration of the Plan does not include performing obligations, if any, under state escheat or unclaimed property laws. It is Employer's responsibility to determine the extent to which these laws may apply to the Plan and to comply with such laws.	All Products
	If Employer has elected, pursuant to section 63 of the New York Health Care Reform Act of 1996 (section 2807-t of the Public Health Law) ("the Act"), to pay the surcharge on claims and assessment on covered lives directly to the New York Public Goods Pool as set forth in section 63 and has consented to the conditions set forth in section 63, CHLIC shall file such forms and pay such surcharge and assessment on covered lives on behalf of Employer through the Bank Account to the extent set forth in section 63. For Employers with Dental or Dental and Pharmacy coverage only, CHLIC shall file such forms and pay such surcharge but not assessments on covered lives on behalf of Employer through the Bank Account to the extent set forth in section 63. Such obligation shall end immediately upon Employer's failure to provide any information required by CHLIC to fulfill this obligation, the failure to comply with any requirement imposed upon Employer pursuant to the Act or the failure of Employer to sufficiently fund the Bank Account. In addition, where permitted and agreed to by CHLIC, CHLIC will file applicable forms and pay on behalf of Employer and/or the Plan any assessment, surcharge, tax or other similar charge which is required to be made by Employer and/or the Plan based on covered lives and/or paid claims or otherwise in accordance with and as required by other applicable state and/or federal laws and regulations and the Bank Account will be charged for any such payments made by CHLIC. CHLIC's obligation to pay on behalf of Employer shall end immediately upon Employer's failure to sufficiently fund the Bank Account.	All Products
CLAIM ADMINISTRATION		
<u>Excluding Health Savings Account</u>		
	Calculate benefits, check and/or electronic payments disbursed from the Bank Account. Bank Account payments will appear in Employer's standard Bank Account activity data reports.	All Products
	CHLIC's generic claim forms are made available to Employer and eligible individuals.	All Products

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	CHLIC's Special Investigations Unit will investigate, pend, recommend denial of claims in whole or in part, and/or reprocess claims, as appropriate.	All Products
	Discuss claims, when appropriate, with providers of health services.	All Products
	Perform, based on CHLIC's book of business internal audits of plan benefit payments on a random sample basis.	All Products (excluding Pharmacy)
	Claim control procedures reported annually in Service Organization Controls (SOC) 1 Reports issued in accordance with American Institute of Certified Public Accountants Statement on Standards for Attestation Engagements (AICPA SSAE) No. 18 Report (or any applicable successor thereto).	All Products (excluding Vision)
	Respond to Insurance Department complaints.	All Products
	Designated toll-free telephone line for Member and Provider calls to CHLIC Service Centers.	All Products
	Member Explanation of Benefit ("EOB") statements including, when applicable, notice of denied claims, denial reason(s) and appeal rights.	All Products (excluding Pharmacy)
	Verify enrollment and eligibility using Member information submitted by Employer and/or its authorized agent.	All Products
	Medical Only	
	CHLIC's enrollment methods are made available to Employer for enrolling individuals into the Plan.	All Medical Products
	CHLIC's standard ID card with toll-free telephone number are prepared for Members.	All Medical Products
	Administration of subrogation/conditional Claim Payment (terms described in Exhibit D).	All Medical Products
	PLAN BOOKLET	
	Prepare and make accessible Member benefit booklet drafts to Employer.	All Products
	UNDERWRITING SERVICES	
	5500 Schedule C reporting.	All Products
	5500 Schedule A or Annual Reconciliation Disclosure reporting (when applicable)	All Products
	CHLIC's standard Underwriting services: a) benefit design analysis b) projected cost analysis.	All Products
	HIPAA INDIVIDUAL RIGHTS	
	Handling of requests from Members for access to, amendment and accounting of protected health information, and requests for restrictions and alternative communications as required under federal HIPAA law and regulations, as set out in this Agreement and its Exhibits.	All Products

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COST CONTAINMENT		
	Maximum reimbursable charge determinations of non-Participating Provider charges for covered services.	All Medical Products
	CHLIC's standard cost containment controls: Application of non-duplication and coordination of benefits rules and coordination with Medicare.	All Medical Products
	Delivery of information, as necessary, regarding standard application of non-duplication or coordination of benefits.	All Medical Products
	Review of medical bills in accordance with CHLIC's then current Medical Bill Review program.	All Medical Products
	Medical Cost Containment, as described in the Schedule of Financial Charges.	All Medical Products
	Annual reporting of CHLIC's standard cost containment results upon Employer's request.	All Medical Products
	Pharmacy Cost Containment, as described in the Schedule of Financial Charges.	All Pharmacy Products
REPORTING		
	Summary reports of medical and pharmacy cost and utilization experience (where applicable), upon completion of internal report generation, are available through Cigna's web site, CignaforEmployers.com.	All Medical and Pharmacy Products
	CHLIC's standard pharmacy utilization reports.	Pharmacy Product Only
	Claim Reporting: CHLIC will provide standard banking and financial report information based upon paid claim data. CHLIC will not provide information on incurred-but-not reported claims, projected claims, pre-certifications of coverage, case management information or information on a Member's prognosis or course of treatment.	All Medical and Pharmacy Products
	Upon request from the Employer, Individual Stop Loss Reporting is an optional service provided at an additional fee to employers who have individual stop loss through another entity other than CHLIC. CHLIC will provide its standard Individual stop loss reporting package, which includes banking and financial information based upon paid claims data, only after the stop loss carrier and Employer have executed CHLIC's standard Non-Disclosure/Data Sharing Authorization Agreements. Aggregate Stop Loss Reporting is not provided as part of the standard reporting package as Employers can access claim and banking reports necessary to support aggregate stop loss administration via Cigna's web site, CignaforEmployers.com. CHLIC will not provide documentation and information, including but not limited to, incurred-but-not-paid claims,	All Medical Products

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	projected claims, pre-certifications of coverage, case management records and notes, course of treatment or prognosis, and internal audits. CHLIC does not allow stop loss carriers to audit CHLIC's claims administration under the medical benefit plan, however, the Employer's audit rights are set forth in the Agreement. For the sake of clarity, as it is possible that certain information, documentation, data and/or reports that are required by the stop loss carrier prior to reimbursement under Employer's stop loss policy will not be available for stop loss policy administration, Employer is responsible for verifying any such required information with its stop loss carrier.	
MEMBER EXTERNAL REVIEW PROGRAM		
	CHLIC contracts with a minimum of three (3) independent review organizations that meet the Patient Protection and Affordable Care Act (PPACA) external review requirements. Members may appeal eligible claims requiring medical judgment to an external independent review organization which is selected by CHLIC on a random basis. If Employer has chosen not to participate in this program, the Employer may be responsible for making other arrangements to meet the Patient Protection and Affordable Care Act (PPACA) external review requirements.	All Medical and Pharmacy Products
MEDICAL MANAGEMENT SERVICES		
	CHLIC provides integrated medical management that includes (depending upon the terms of the Plan) the following core services.	
	Pre-Admission Certification and Continued Stay Review (PAC/CSR) services to certify coverage of acute and sub-acute inpatient admissions/stays or provides guidance to appropriate alternative settings. Administered in accordance with CHLIC's then applicable medical management and claims administration policies, practices and procedures.	All Medical Products
	Case Management, a service designed to provide assistance to a Member who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support.	All Medical Products
	Assist providers with resources and tools to enable them to develop long term treatment plans in the management of chronic or catastrophic cases.	All Medical Products
	The Cigna HealthCare Healthy Babies Program is an educational program which provides Member with prenatal care education and resources to help them better manage their pregnancy. Other benefits of this program include the Health Information Line, high risk maternity and pregnancy information on myCigna.com.	All Medical Products
	HealthCare Cost and Quality tools available on myCigna.com and myCigna mobile app.	All Medical Products

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	A panel of physicians and other clinicians to assess the safety and effectiveness of new and emerging medical technologies. The panel meets monthly to review and update coverage policies.	All Medical Products
	Health Information Line is a service that provides twenty-four (24) hour toll free access to nurses who provide convenient and confidential services. Health Information Line nurses can help guide Members in finding the right care, make informed decisions about symptom-based health issues the Member is experiencing when they call the Health Information Line and recommend appropriate settings for care. Health Information Line nurses can help inform and educate Members about a wide variety of health and medical information, including access to a library of English and Spanish podcasts.	All Medical Products
	Cigna LifeSOURCE Transplant Network [®] provides access to solid organ and bone marrow/stem cell transplantation while improving cost containment and reducing risk. There are over five hundred sixty (560) designated transplant programs in this network. These designated programs provide transplant services at facilities which must meet or exceed the Cigna LifeSOURCE Transplant Network [®] performance guidelines for quality and cost criteria inclusion. Based on Employer's Plan design, the Cigna LifeSOURCE Transplant Network [®] may or may not include supplement programs as listed in Cigna LifeSOURCE.com.	All Medical Products Except Cigna SureFit, Comprehensive, Indemnity, Network, Network OA, Network POS, and Network POSOA
	A health education program that delivers mailings to Members with certain conditions.	All Medical Products
	Behavioral health services are provided/arranged by a CHLIC affiliate (details available upon request), including utilization review and case management for both inpatient and outpatient, in-network behavioral health services.	OAP Products: (All Members)
	Implement a quality oversight process that includes monitoring of utilization management performance measurements and a continuous quality improvement process when warranted.	All Medical Products
	Transition of care services to allow Members with defined conditions to continue treatment with non-Participating Providers after enrollment for continued uninterrupted care for a limited time.	All Medical Products Except Comprehensive and Indemnity
	Focused utilization management of outpatient procedures and identification of appropriate alternatives. Administered in accordance with CHLIC's then applicable medical management and claims administration policies, practices and procedures.	All Medical Products with Care Management Preferred

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NETWORK MANAGEMENT SERVICES		
	CHLIC, and/or its affiliates or contracted vendors shall:	
	Provide or arrange access to the applicable network of Participating Providers to furnish health care services/products to Members at negotiated rates and methods of reimbursement (e.g. fee-for service, fixed per person per period, per diem charges, incentive bonuses, case rates, withholdings, etc.). The amount and type of negotiated reimbursement may vary depending upon the type of plan. For example, a hospital may accept less for patients enrolled in certain types of plans than others. In addition, CHLIC may contract with Participating Providers and other parties (for example Independent Practice Associations) for performance-based incentive payments to promote quality of care, patient safety and cost efficiency. Where CHLIC has contracted with an affiliate for the provision of services by certain health care providers, amounts paid for claims under this arrangement may include amounts to reimburse CHLIC's affiliate for its services, and the amounts paid for claims to the affiliate may be different than the amount paid to the rendering provider. CHLIC and/or its affiliates may retain or absorb any such difference;	All Medical Products
	Provide or arrange access to the applicable network of Participating Providers to furnish health care services/products to Members at negotiated rates and methods of reimbursement (e.g. fee-for service, fixed per person per period, per diem charges, incentive bonuses, case rates, withholdings, etc.). The amount and type of negotiated reimbursement may vary depending upon the type of plan. For example, a hospital may accept less for patients enrolled in certain types of plans than others. In addition, CHLIC may contract with Participating Providers and other parties (for example Independent Practice Associations) for performance-based incentive payments to promote quality of care, patient safety and cost efficiency.	All Pharmacy Products
	Credential and re-credential Participating Providers in accordance with CHLIC's credentialing requirements and ensure that third-party network vendors credential/re-credential Participating Providers in accordance with CHLIC's requirements;	All Medical and Pharmacy Products
	Monitor Participating Provider compliance with protocols and procedures for quality, Member satisfaction, and grievance resolution;	All Medical and Pharmacy Products
	Facilitate the identification of Participating Providers by Members; and	All Medical and Pharmacy Products
	Designated toll-free telephone line for Member and Provider calls to CHLIC Service Centers.	All Medical and Pharmacy Products
	Access to virtual on-demand urgent care, scheduled primary care, and scheduled behavioral health visits via phone or video, and virtual dermatology visits via secure messaging. Members may access this service via myCigna.com or the myCigna app.	All Medical Products

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BEHAVIORAL HEALTH	
CHLIC has contracted with an affiliate (details available upon request), to provide or arrange for the provision of managed in-network behavioral health services, the affiliate is a Participating Provider, and is reimbursed primarily on a monthly fixed fee basis. This fixed fee for behavioral health services will be paid as claims and will appear in Employer's monthly reporting and on financial documents. Such payments will be at the relevant monthly rates then in effect. The monthly rates paid to the affiliate vary depending on geographic location of Members and on benefit design, and may be subject to change. The rates will be made available upon request. The fixed fee also includes applicable lifestyle management program and a cognitive behavioral modification program, InMynd pharmacy program, and an Integrated Opioid Management pharmacy program. Behavioral claims from a client specific network are not included in the behavioral monthly fixed fee and will be paid from the Bank Account. CHLIC is paid by the affiliate for administrative services related to this program. In some states, payment for behavioral health services must be paid on a fee-for-service basis. In these states, payment for behavioral health services and the behavioral health administrative fee (including the applicable lifestyle management programs, a cognitive behavioral modification program, InMynd pharmacy program, and Integrated Opioid Management pharmacy program) will be paid from the Bank Account as claims and will appear in Employer's monthly reporting.	These services are included in the following products: OAP Products
EVERNORTH CARE GROUP SERVICES	
The Cigna HealthCare of Arizona, Inc. staff model Evernorth Care Group (formerly known as Cigna Medical Group or "CMG") is a multispecialty participating provider group located in metropolitan Phoenix, Arizona. Cigna Healthcare of Arizona, Inc. and Evernorth Care Group are affiliates of CHLIC. Evernorth Care Group's integrated care delivery model and population health management team work together to facilitate the way in which patients and doctors communicate and interact in order to increase patient satisfaction and improve health outcomes. Plan Participants may at some time receive treatment from an Evernorth Care Group facility or provider even if they do not reside in Arizona (as when traveling). Plan Participants utilizing Cigna participating provider networks in Arizona may access certain specialty and/or ancillary services through the Evernorth Care Group system.	All Medical Products

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	For covered services provided to Participants, Evernorth Care Group is paid at the rates in effect at the time of service (as may be revised from time to time). Representative rates for routinely performed services are available upon request. If the Plan requires or allows Participants to select a primary care provider (“PCP”), Phoenix area Participants who do not select a PCP during open enrollment may be assigned to or otherwise encouraged to consider an Evernorth Care Group PCP. Evernorth Care Group has established collaborative referral relationships with specialty and ancillary providers in Cigna's participating provider networks, which includes affiliated entities. Evernorth Care Group may also receive applicable performance-based incentive payments for its participation in programs designed to improve quality, patient safety and affordability. The incentive payments that Evernorth Care Group may receive will be determined using the same performance measures and reward formula as used in determining the incentive payments made to similarly situated non-Cigna affiliated provider entities.	
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Exhibit C - Privacy Addendum

("Business Associate Agreement")

I. GENERAL PROVISIONS

Section 1. Effect. Upon the first exchange, transmission, creation, or maintenance of Protected Health Information (PHI) by CHLIC ("Effective Date"), the terms and provisions of this Addendum are incorporated in and shall supersede any conflicting or inconsistent terms and provisions of (as applicable) the Administrative Services Only Agreement and/or Flexible Spending Account or Reimbursement Accounts Administrative Services Agreement to which this Addendum is attached, including all exhibits or other attachments to, and all documents incorporated by reference in, any such applicable agreements (individually and collectively any such applicable agreements are referred to as the "**Agreement**"). This Addendum sets out terms and provisions relating to the use and disclosure of Protected Health Information ("**PHI**") without written authorization from the Individual. To the extent there is a conflict between the Agreement and this Addendum, this Addendum shall control. Any ambiguity in this Addendum resolves in favor of compliance with HIPAA rules.

Section 2. Amendment. CHLIC, on behalf of itself and its affiliates and subsidiaries that perform services under the Agreement or other agreements (collectively referred to as "**CHLIC**"), Employer (also referred to as "**Plan Sponsor**"), and the group health plan that is the subject of the Agreement (also referred to as the "**Plan**") acknowledge that the foregoing provisions are designed to comply with applicable laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Parts 160 to 164) ("**HIPAA Privacy and Security Rules**"). CHLIC shall provide written notice to the Plan to the extent that any regulation or amendment to regulations promulgated by the Secretary requires changes to this Addendum. Such written notice shall include any additional amendment required by any such final regulation and this Addendum shall be automatically amended to incorporate the changes set forth in such amendment provided by CHLIC to the Plan, unless the Plan objects to such amendment in writing within fifteen (15) days of receipt of such written notice. In the event that Plan objects timely to such amendment, the Parties shall work in good faith to reach agreement on an amendment to this Addendum that complies with the final regulations. If the Parties are unable to reach agreement regarding an amendment to this Addendum within thirty (30) days of the date that CHLIC receives any written objection from Plan, either CHLIC or Plan Sponsor may terminate this Addendum upon ninety (90) days written notice to the other Party. Any other amendment to this Addendum unrelated to compliance with applicable law and regulations shall be effective only upon execution of a written agreement between the Parties.

Section 3. Relationship of Parties. For the purposes of this Addendum, the Parties intend that CHLIC is an independent contractor and not an agent of the Plan or the Plan Sponsor.

II. PERMITTED USES AND DISCLOSURES BY CHLIC

Section 1. Uses and Disclosures Generally. Except as otherwise provided in this Addendum, CHLIC may use or disclose PHI to perform functions, activities or services for, or on behalf of, the Plan as specified in the Agreement, provided that such use or disclosure would not violate the HIPAA Privacy & Security Rules if done by the Plan. CHLIC shall not further use or disclose PHI other than as permitted or required by this Addendum, or as required by law.

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Section 2. To Carry Out Plan Obligations. To the extent CHLIC is to carry out one or more of the Plan's obligations under Subpart E of 45 C.F.R. Part 164, CHLIC agrees to comply with the requirements of Subpart E that apply to the Plan in the performance of such obligations.

Section 3. Management and Administration.

- (A) CHLIC may use PHI for the proper management and administration of CHLIC or to carry out the legal responsibilities of CHLIC.
- (B) CHLIC may disclose PHI for the proper management and administration of CHLIC, provided that disclosures are: (a) required by law; or (b) CHLIC obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it is disclosed to the person, and the person notifies CHLIC of any instances of which it is aware in which the confidentiality of the information has been breached.
- (C) CHLIC may use or disclose PHI to provide Data Aggregation services relating to the Health Care Operations of the Plan, or to de-identify PHI provided that it does so in accordance with HIPAA de-identification rules. Once information is de-identified, this Addendum shall not apply.

Section 4. Required or Permitted By Law. CHLIC may use or disclose PHI as required by law or permitted by 45 C.F.R. §164.512.

Section 5. Research. CHLIC may create, use, and disclose a limited data set in accordance with 45 CFR 164.514(e) or create, use, disclose PHI for research purposes as permitted by HIPAA Privacy & Security Rules including 45 CFR 164.512 or 45 CFR 164.502(a)(1)(i) provided that such use or disclosure would not violate the HIPAA Privacy & Security Rules if done by the Plan.

III. OTHER OBLIGATIONS AND ACTIVITIES OF CHLIC

Section 1. Receiving Remuneration in Exchange for PHI Prohibited. CHLIC shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual, unless an authorization is obtained from the Individual, in accordance with 45 C.F.R. §164.508, that specifies whether PHI can be exchanged for remuneration by the entity receiving PHI of that individual, unless otherwise permitted under the HIPAA Privacy Rule.

Section 2. Limited Data Set or Minimum Necessary Standard and Determination. CHLIC shall, to the extent practicable, limit its use, disclosure or request of Individuals' PHI to the minimum necessary amount of Individuals' PHI to accomplish the intended purpose of such use, disclosure or request and to perform its obligations under the underlying Agreement and this Addendum. CHLIC shall determine what constitutes the minimum necessary to accomplish the intended purpose of such disclosure.

Section 3. Security Standards. CHLIC shall use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to Electronic PHI to prevent use or disclosure of PHI other than as provided for by the Agreement.

Section 4. Protection of Electronic PHI. With respect to Electronic PHI, CHLIC shall:

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- (A) Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic PHI that CHLIC creates, receives, maintains or transmits on behalf of the Plan as required by the Security Standards; and,
- (B) Ensure that any agent or subcontractor to whom CHLIC provides Electronic PHI agrees to implement reasonable and appropriate safeguards to protect such information.

Section 5. Reporting of Violations. CHLIC shall report to the Plan any use or disclosure of PHI not provided for by this Addendum of which it becomes aware, including a Breach or Security Incident. CHLIC agrees to mitigate, to the extent practicable, any harmful effect from a use or disclosure of PHI in violation of this Addendum of which it is aware. The parties agree that such reports are not required for unsuccessful, trivial and routine incidents such as port scans, attempts to log-in with an invalid password or user name, denial of service attacks that do not result in a server being taken off-line, malware and pings or other similar types of events.

Section 6. Breach Notification. CHLIC will notify the Plan of a Breach (including privacy related incidents that might, upon further investigation, be deemed to be a Breach) without unreasonable delay, in accordance with 45 C.F.R. §164.410 after CHLIC's discovery of same. This notification will include, to the extent known:

- i. the names of the individuals whose PHI was involved in the Breach;
- ii. the circumstances surrounding the Breach;
- iii. the date of the Breach and the date of its discovery;
- iv. the information Breached;
- v. any steps the impacted individuals should take to protect themselves;
- vi. the steps CHLIC is taking to investigate the Breach, mitigate losses, and protect against future Breaches; and,
- vii. a contact person who can provide additional information about the Breach.

For purposes of discovery and reporting of Breaches, CHLIC is not the agent of the Plan or the Employer (as "agent" is defined under common law). CHLIC will investigate Breaches, assess their impact under applicable state and federal law, and make a recommendation to the Plan as to whether notification is required pursuant to 45 C.F.R. §§164.404-408 and/or applicable state breach notification laws. Upon Plan's written request, CHLIC will issue notices to such individuals, state and federal agencies – including the Department of Health and Human Services, and/or the media – as the Plan is required to notify pursuant to, and in accordance with the requirements of applicable law (including 45 C.F.R. §§164.404-408). In the event of a Breach affecting multiple CHLIC clients where CHLIC believes notification to affected individuals is required in accordance with applicable law, CHLIC reserves the right to issue notifications to the affected individuals without Plan approval.

CHLIC will pay the costs of issuing notices required by law and other remediation and mitigation which, in CHLIC's discretion, are appropriate and necessary to address the Breach. CHLIC will not be required to issue notifications that are not mandated by applicable law. CHLIC shall provide the

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Plan with information necessary for the Plan to fulfill its obligation to report Breaches affecting fewer than 500 Individuals to the Secretary as required by 45 C.F.R. §164.408(c).

Section 7. Disclosures to and Agreements with Third Parties. CHLIC agrees to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of CHLIC agree to the same restrictions, conditions and requirements that apply to CHLIC with respect to such information.

Section 8. Access to PHI. CHLIC shall provide an Individual with access to such Individual's PHI contained in a Designated Record Set in response to such Individual's request in the time and manner required in 45 C.F.R. §164.524.

Section 9. Availability of PHI for Amendment. CHLIC shall respond to a request by an Individual for amendment to such Individual's PHI contained in a Designated Record Set in the time and manner required in 45 C.F.R. §164.526.

Section 10. Right to Confidential Communications and to Request Restriction of Disclosures of PHI. CHLIC shall respond to a request by an Individual for confidential communications or to restrict the uses and disclosures of PHI contained in such Individual's Designated Record Set in the time and manner required by 45 C.F.R. §164.522. CHLIC shall not be obligated to agree to, or implement, any restriction, if such restriction would hinder Health Care Operations or the provision of the functions, activities or services, unless such restriction would otherwise be required by 45 C.F.R. § 164.522(a).

Section 11. Accounting of PHI Disclosures. CHLIC shall provide an accounting of disclosures of PHI to an Individual who requests such accounting in the time and manner required in 45 C.F.R. §164.528.

Section 12. Availability of Books and Records. CHLIC hereby agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by CHLIC on behalf of the Plan, available to the Secretary for purposes of determining the Plan's compliance with the Privacy Rule.

Section 13. Standard Transactions. CHLIC certifies that it conducts any applicable transactions that are subject to the HIPAA standard transaction rules (45 C.F.R. Parts 160-164) as required under such rules.

IV. TERMINATION OF AGREEMENT WITH CHLIC

Section 1. Termination Upon Breach of Provisions Applicable to PHI. Any other provision of the Agreement notwithstanding, upon either Party's knowledge of a material breach by the other of this Addendum, the non-breaching Party shall notify the breaching Party of such material breach and the breaching Party shall have thirty (30) days to cure such material breach. In the event the breach is not cured, or the cure is infeasible, the non-breaching Party shall have the right to immediately terminate this Addendum and the Agreement or if the cure of the material breach is infeasible, report the violation to the Secretary.

Section 2. Use and Disclosure of PHI upon Termination. The Parties hereto agree that it is not feasible for CHLIC to return or destroy PHI at termination of the Agreement; therefore, the protections of this Addendum for PHI shall survive termination of the Agreement, and CHLIC shall limit any further uses and disclosures of such PHI to the purpose or purposes which make the return or destruction of such PHI infeasible.

V. OBLIGATIONS OF THE PLAN AND PLAN SPONSOR

Section 1. Disclosures Generally. Except as otherwise provided for in this Addendum, the Plan will not request that CHLIC use or disclose PHI in any manner that would not be permissible under HIPAA.

Section 2. Disclosures to the Plan or Third Parties. To the extent the Plan requests that CHLIC disclose PHI either to the Plan or to a third party business associate acting for the Plan, the Plan represents and warrants that:

- (A) It only will request PHI for the purposes of Treatment, Payment, or Health Care Operations, or another permitted purpose under the HIPAA Privacy Rule;
- (B) The information requested is the minimum necessary to achieve the purpose of the disclosure; and
- (C) If the PHI is to be disclosed to a third party, the Plan has a business associate agreement in place with the third party.

Section 3. Disclosure to Plan Sponsor. To the extent the Plan requests that CHLIC disclose PHI to the Plan Sponsor, the Plan and Plan Sponsor each represent and warrant that:

- (A) The information only will be used for one of the following purposes:
 - i. Plan Administration functions, as defined by the HIPAA Privacy Rule, and that the Plan Sponsor has executed the required plan amendment and certification allowing the disclosure, as set out in the HIPAA Privacy Rule;
 - ii. Enrollment functions, provided the information to be disclosed is limited to enrollment and disenrollment information; or
 - iii. To amend, modify, or terminate the Plan, or to obtain premium bids to provide health insurance coverage under the Plan, provided the information to be disclosed is limited to Summary Health Information, as defined in the HIPAA Privacy Rule; and
- (B) The information requested is the minimum necessary to achieve the purpose of the disclosure.

VII. DEFINITIONS FOR USE IN THIS ADDENDUM

Definitions. Certain capitalized terms used in this Addendum shall have the meanings ascribed to them by HIPAA including their respective implementing regulations and guidance. If the meaning of any term defined herein is changed by regulatory or legislative amendment, then this Addendum will be modified automatically to correspond to the amended definition. All capitalized terms used herein that are not otherwise defined have the meanings described in HIPAA. A reference in this Addendum to a section in the HIPAA Privacy Rule, or HIPAA Security Rule means the section then in effect, as amended.

"Breach" shall have the same meaning as the term "breach" in 45 C.F.R. § 164.402.

"Business Associate" means CHLIC.

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"Covered Entity" means the Plan.

"Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R. § 164.501.

"Electronic Protected Health Information" shall mean PHI that is transmitted by, or maintained in, electronic media as that term is defined in 45 C.F.R. §160.103, limited to the information created or received by CHLIC from or on behalf of Plan.

"Limited Data Set" shall have the same meaning as the term "limited data set" as set forth in 45 C.F.R. §164.514(e)(2).

"Protected Health Information" or **"PHI"** shall have the same meaning as set forth at 45 C.F.R. §160.103.

"Secretary" shall mean the Secretary of the United States Department of Health and Human Services.

"Security Incident" shall have the same meaning as the term "security incident" as set forth in 45 C.F.R. §164.304.

"Unsecured Protected Health Information" shall have the same meaning as the term "unsecured protected health information" in 45 C.F.R. § 164.402.

Exhibit D – Conditional Claim/Subrogation Recovery Services

I. Plans Without CHLIC Stop Loss Coverage

If Employer has not purchased individual or aggregate stop loss coverage from CHLIC or an affiliate with respect to its self-funded employee welfare benefit plan:

- (A) All conditional claim payment and/or subrogation recoveries under the Plan will be handled by CHLIC unless CHLIC is otherwise notified by the Employer.
- (B) CHLIC and its subcontractors acting as Employer's recovery agent shall have the discretionary authority:
 - i. To reduce recovery amounts by as much as fifty percent (50%) of the total amount of benefits paid on Employer's behalf, and to enter into binding settlement agreements for such amounts. Any modification to this percentage shall be communicated by Employer to CHLIC and will be effective upon Employer's next renewal date, unless otherwise agreed to by CHLIC.
 - ii. In the event a settlement offer represents a reduction greater than the percentage identified above, CHLIC and its subcontractors shall seek settlement advice from the Employer.
 - iii. All amounts reimbursed to the Bank Account shall be refunded at the gross amount. CHLIC's and its subcontractors' subrogation administration fee on cases where CHLIC and its subcontractors' have retained counsel and in cases where no counsel has been retained by CHLIC and its subcontractors are both reflected in the Schedule of Financial Charges.
- (C) Except where agreed to by CHLIC and Employer, CHLIC and its subcontractors shall have no duty or obligation to represent Employer in any litigation or court proceeding involving any matter which is the subject of the Agreement, but shall make available to Employer and/or Employer's counsel such information relevant to such action or proceeding as CHLIC and its subcontractors may have as a result of its handling of any matter under the Agreement.
- (D) In the event Employer purchases individual or aggregate stop loss coverage from CHLIC or an affiliate with respect to its self-funded employee welfare benefit plan at any time during the life of the Agreement, the provisions of paragraph II., below, shall control.

II. Plans with CHLIC Stop Loss Coverage

If Employer has purchased individual or aggregate stop loss coverage from CHLIC or an affiliate with respect to its self-funded employee welfare benefit plan:

- A. CHLIC and its subcontractors shall have the right and responsibility to manage all conditional claim payment and/or subrogation recoveries under the Plan. CHLIC and its subcontractors shall reimburse to the Plan the recovery minus relevant individual and aggregate stop loss payments made by CHLIC.

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- B. All amounts reimbursed to the Bank Account shall be refunded at the gross amount. CHLIC's and its subcontractors' subrogation administration fee on cases where CHLIC and its subcontractors' have retained counsel and in cases where no counsel has been retained by CHLIC and its subcontractors, are both reflected in the Schedule of Financial Charges.
- C. CHLIC and its subcontractors shall have no duty or obligation to represent Employer in any litigation or court proceeding involving any matter which is the subject of the Agreement but shall make available to Employer and/or Employer's counsel such information relevant to such action or proceeding as CHLIC and its subcontractors may have as a result of its handling of any matter under the Agreement. Notwithstanding the foregoing, CHLIC and its subcontractors reserve to itself the right to retain counsel to represent CHLIC's own interests in any subrogation and/or conditional claim recovery action under the Plan.

Appendix A – Pharmacy Benefit Management Services

PHARMACY BENEFIT MANAGEMENT - DEFINITIONS

Definitions

Any capitalized term not defined below shall have the meaning given to such term in the Agreement. Any capitalized term utilized in the Schedule of Financial Charges or Exhibit B shall have the meaning given to such term in the Agreement, including the meanings set forth below.

- “340B Claims” means (i) Claims submitted by 340B contracted pharmacies that adjudicate at a 340B price or are submitted with a submission clarification code of “20” or such equivalent codes for such participating network pharmacies under the applicable NCPDP format (or any successor format); (ii) claims submitted by a 340B covered entity-owned or 340B contracted pharmacies which are categorized as Type 39 or Type 38 (or such equivalent codes) in the NCPDP DataQ database or otherwise identified as a 340B Claim by the dispensing pharmacy; or (iii) claims identified as a 340B Claim by a third party administrator; or (iv) Claims identified as a 340B Claim by a pharmaceutical manufacturer and in which CHLIC may reduce a subsequent Rebate payment (or Rebate reconciliation payment, if applicable) to account for any previously-paid Rebate amounts attributable to such claim.
- "Actuarially Estimated" shall mean that the discount(s) listed in the Schedule of Financial Charges are estimated, but not guaranteed, to result in a particular average discount for Covered Drugs administered by CHLIC under this Agreement. Actuarially estimated discounts are calculated based on evaluation of an expected distribution of drug utilization across CHLIC's aggregate group client book of business. As measured in the aggregate for Employer's Pharmacy Benefit, Employer's average discount results may vary based on the Plan-specific factors such as drug mix utilization.
- “Authorized Generic” shall mean a pharmaceutical product sold, licensed, or marketed under a new drug application (NDA) approved by the Food and Drug Administration (FDA) under section 505(c) of the Federal Food, Drug and Cosmetic Act (FFDCA) that is marketed, sold or distributed under a different labeler code, product code, trade name, trademark, or packaging (other than repackaging the listed drug for use in institutions) than the innovator brand name drug.
- "Average Wholesale Price" or "AWP" shall mean the average wholesale price of a Covered Drug as established and reported by Medi-Span. The applied AWP of a Covered Drug shall be the AWP for the actual eleven (11) digit National Drug Code ("NDC"), Covered Drug specific, quantity appropriate actual package size (or the manufacturer-packaged quantity closest to the dispensed size), submitted by a Retail Pharmacy, Home Delivery Pharmacy, or Specialty Pharmacy at the time that the Covered Drug is adjudicated. Notwithstanding any other provision in this Agreement, in the event of any major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, including, for example, any change in the markup, methodologies, processes or algorithms underlying the published AWP(s), CHLIC may adjust any or all of the Rebates, charges, rates, discounts, guarantees and/or fees in connection with CHLIC's administration of the Pharmacy Benefit hereunder, including any that are based on AWP, as it reasonably deems necessary to preserve the

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economic value or benefit of this Agreement to CHLIC as it existed immediately prior to such change. Additionally, and notwithstanding any other provision in this Agreement, CHLIC may replace AWP as its pharmaceutical pricing benchmark with an alternative benchmark and/or may replace Medi-Span, or other such publication, as its source for the AWP or alternative benchmark with a different pricing source, provided that CHLIC adjusts any or all such AWP-based charges or such alternative benchmark-based charges as it reasonably deems necessary to preserve the economic value or benefit of this Agreement to CHLIC as it existed immediately prior to such replacement or immediately prior to the event(s) giving rise to such replacement, as the case may be.

- “Biosimilar” shall mean 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.
- “Brand Drug” shall mean a prescription drug identified as such in CHLIC’s master drug file using indicators from First Databank (or other source nationally recognized in the prescription drug industry) on the basis of a standard Brand/Generic Algorithm, a copy of which may be made available for review by Employer or its auditor upon request at the time of audit. Except if and where the language expressly states otherwise, a Brand Drug does not include a Specialty Brand Drug for ingredient cost discount purposes.
- “Brand /Generic Algorithm” or “BGA” shall mean the standard and proprietary brand/generic algorithm, a copy of which may be made available for review by Employer or its auditor upon request at the time of audit. The purposes of the algorithm are to stabilize products “flipping” between brand and generic status and to reduce Employer, Member and provider confusion due to fluctuations in brand/generic status. Employer or its auditor may audit CHLIC’s application of its BGA to confirm that CHLIC is making brand and generic drug determinations consistent with such algorithm.
- “Cigna Home Delivery Pharmacy” shall mean a duly licensed pharmacy operated by CHLIC or its affiliates, where prescriptions are filled and delivered via the mail service, which may include, for example, Accredo Health Group, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy Inc., Express Scripts Specialty Distribution Services, Inc. and Lynnfield Drug, Inc. (dba Freedom Fertility Pharmacy).
- “Claim,” for purposes of this Appendix A, is a claim or request for coverage under the Pharmacy Benefit.
- “Compound Drug” shall mean a medication that (a) is comprised of two or more gaseous, solid, semi-solid, or liquid ingredients (other than water or flavoring added to any preparation) that are weighed or measured at a pharmacy and then prepared according to the prescriber’s order and the pharmacist’s art; (b) contains at least one FDA-approved federal legend drug as an active ingredient; (c) is not otherwise generally available in its compound form; and (d) is not a compound preparation administered by infusion or injection.
- “Covered Drugs” shall mean those prescription drugs, supplies, and other items that are covered by the Plan under the Pharmacy Benefit.

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- "Dispensing Fee" means an amount paid to a pharmacy for providing professional services necessary to dispense a Covered Drug to a Member.
- "FDA" shall mean the U.S. Food and Drug Administration.
- "Formulary" shall mean the list of FDA-approved prescription drugs and supplies developed and managed by CHLIC for its self-funded book of business and that is selected and adopted by Employer. The drugs and supplies included on the Formulary will be modified by CHLIC from time to time as a result of factors including, but not limited to, economic and clinical factors like clinical appropriateness, manufacturer Rebate arrangements and patent expirations. Any changes CHLIC makes to the Formulary are hereby adopted by Employer, subject to Employer's discretion to elect not to implement any such addition or deletion through the set-up process; any such election shall be considered an Employer change to the Formulary.
- "Generic Drug" shall mean a prescription drug, whether identified by its chemical, proprietary, or non-proprietary name, that is therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient(s) and approved by the FDA, and which is identified as such in CHLIC's master drug file using indicators from First Databank (or other source nationally recognized in the prescription drug industry) on the basis of a standard Brand/Generic Algorithm, a copy of which may be made available for review by Employer or its auditor upon request at the time of audit. For pricing purposes, a Generic Drug excludes a Covered Drug that is either marketed under three (3) or fewer Abbreviated New Drug Application pursuant to 21 U.S.C. §355, and its implementing regulations, or cannot be purchased by the pharmaceutical industry at large from more than one (1) pharmaceutical wholesaler. For pricing purposes, a Generic Drug also excludes a Biosimilar.
- "Limited Distribution Drug" or "Exclusive Distribution Drug" shall mean a Specialty Drug that is not generally available from most or all pharmacies but is restricted to select pharmacies as determined by a pharmaceutical manufacturer. The list of Limited Distribution Drugs and Exclusive Distribution Drugs will be maintained by CHLIC.
- "Maximum Allowable Charge" shall mean the maximum unit price for a Covered Drug included on the applicable MAC List as set forth on such MAC List.
- "MAC List" shall mean a then-current list maintained by CHLIC of prescription drugs, devices, supplies and over-the-counter drugs identified as readily available as a Generic Drug or generally equivalent to a Brand Drug (in which case it may also be on a MAC List) and that, in each case, are deemed to require or are otherwise capable of pricing management due to the number of manufacturers, utilization and/or pricing volatility.

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- “Manufacturer Administrative Fees” shall mean administrative fees paid by pharmaceutical manufacturers to CHLIC or its affiliate or subcontractor directly in connection with administering, invoicing, allocating and collecting Rebates.
- “Participating Pharmacy” means any licensed retail pharmacy with which CHLIC or one or more of its affiliates has executed an agreement to provide Covered Drugs to Members, but shall not include any mail order or specialty pharmacy affiliated with any such Participating Pharmacy. Participating Pharmacies are independent contractors of CHLIC of its affiliates.
- “Pharmacy Benefits” shall mean amounts payable for covered pharmacy benefit services and products under the terms of the Plan; Pharmacy Benefits shall be considered Plan Benefits for purposes of this Agreement.
- “P&T Committee” shall mean a committee comprised of clinicians that represent a range of clinical specialties. The committee regularly reviews pharmaceutical products, new pharmaceutical products, for safety and efficacy, the findings of which clinical reviews inform coverage status decisions made by CHLIC. The P&T Committee’s review may be based on consideration of, without limitation, FDA-approved labeling, standard medical reference compendia, or scientific studies published in peer-reviewed English-language bio-medical journals.
- “PBM Proprietary Information” shall mean information relating to CHLIC’s pharmacy benefit management products and services, including, without limitation, CHLIC’s reporting and web-based applications, eligibility and adjudication systems and coding methodologies, system formats and databanks, clinical or formulary management operations or programs, information and agreements relating to Rebates and other financial information, prescription drug evaluation criteria and coverage policies, drug pricing information, including MAC List and Specialty Drug pricing, paid Claims information integrated into CHLIC’s adjudication systems, and pharmaceutical manufacturer, vendor or pharmacy network agreements.
- “Prescription Drug Charge” shall mean the amount that, prior to application of the Plan’s cost-share requirement(s), Employer is obligated to pay for a Covered Drug dispensed at a Retail Pharmacy or Cigna Home Delivery Pharmacy, including any ingredient cost, applicable Dispensing Fee, service fee, and tax. The ingredient cost charged to Employer may be expressed as, for example, a discount off of AWP or other benchmark price, or a MAC.
- “Rebate” shall mean retrospective formulary rebates received by CHLIC pursuant to the terms of a formulary rebate contract negotiated independently and directly attributable to or arising from the utilization by Members of certain Covered Drugs manufactured, sold, marketed, or distributed by a manufacturer.

However, “Rebates” shall exclude: (i) pricing adjustments, payments and credits made in the ordinary course by any manufacturer on account of product returns, delivery errors or shipping damage or losses arising from drugs and other products purchased from such manufacturer by or on behalf of CHLIC (ii) pricing discounts paid or credited by a manufacturer to pharmacies affiliated with CHLIC for prescription drugs and other products purchased from such manufacturer; (iii) any fees or other compensation paid by any manufacturer

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in consideration of any services, products, activities or programs performed, provided or implemented by CHLIC or any of its affiliates for such manufacturer; (iv) Manufacturer Administrative Fees; (v) Value-Based Payments; (vi) any rebates or other amounts that are allocated to reduce and/or partially or wholly satisfy a Member's cost-sharing obligation for a Covered Drug; and (vii) rebates or other amounts paid to CHLIC for prescription drugs that are administered or otherwise provided to Members in providers' offices, home health care settings, or outpatient clinics.

- "Retail Pharmacy" shall mean any licensed retail pharmacy with which CHLIC has contracted directly or indirectly with a third party, to provide Covered Drugs to Members, and is not a mail order pharmacy. A mail order pharmacy is a pharmacy that primarily fills and delivers pharmaceutical products via the mail service. The term "Retail", when immediately preceding the term "Brand Drug Claim", "Generic Drug Claim", "Specialty Drug Claim", "Specialty Brand Drug Claim", or "Specialty Generic Drug Claim" means that the resulting term (e.g., "Retail Brand Drug Claim") refers to such claim as dispensed by a Retail Pharmacy.
- "Specialty Drug" shall mean a pharmaceutical product, including a Covered Drug, considered by CHLIC to be a Specialty Drug based on consideration of the following factors: (i) whether the pharmaceutical product is prescribed and used for the treatment of a complex, chronic or rare condition; (ii) whether the pharmaceutical product has a high acquisition cost; and, (iii) whether the pharmaceutical product is subject to limited or restricted distribution, requires special handling and/or requires enhanced patient education, provider coordination or clinical oversight. A Specialty Drug may not possess all or most of the foregoing characteristics, and the presence of any one such characteristic does not guarantee that a pharmaceutical product will be considered a Specialty Drug. The term "Specialty," when immediately preceding the terms "Generic Drug" or "Brand Drug", means that the resulting term (e.g. "Specialty Generic Drug") refers to a Generic Drug or Brand Drug that is considered a Specialty Drug, respectively.
- "Specialty Pharmacy" shall mean a duly licensed pharmacy designated by or operated by CHLIC or its affiliates that primarily dispenses Specialty Drugs or provides services related thereto; provided, however, that when the Cigna Home Delivery Pharmacy dispenses a Specialty Drug, it shall be considered a Specialty Pharmacy hereunder.
- "Submitted Cash Price" means the cash price submitted by the Participating Pharmacy as part of the adjudication for a pharmacy claim and included in the lesser of adjudication pricing logic.
- "U&C Charge" shall mean the price the applicable Retail Pharmacy would charge a regular cash-paying Member for a Covered Drug (and any services related to the dispensing thereof) on the day on which the Covered Drug is dispensed.

PHARMACY BENEFIT MANAGEMENT - SERVICES TO BE PROVIDED

1. Retail Pharmacy Network.

- General. CHLIC shall maintain a Retail Pharmacy network. Retail Pharmacies included in the network shall provide Covered Drugs to which the Retail Pharmacies have access to Members during their normal business hours. A list of the Retail Pharmacies included

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in the network, as updated from time to time, shall be made available to Members online. CHLIC maintains multiple networks and/or sub-networks and may periodically consolidate networks and/or migrate clients, including Employer, between networks and sub-networks. CHLIC shall require each Retail Pharmacy included in the network to meet its requirements for participation in the Retail Pharmacy network, which include, but are not limited to, satisfaction of licensing and insurance requirements.

- (b) Retail Pharmacy Audits and Overpayments. A CHLIC affiliate shall conduct an automated review of 100% of all claims. Claims that are identified during an automated review as requiring additional review by CHLIC's auditor, will then select a subset of claims for validation to ensure that each Retail Pharmacy is complying with the terms of its contract with CHLIC. In the event that CHLIC discovers that an overpayment has been made to a Retail Pharmacy, CHLIC shall take reasonable steps to recover the overpayment pursuant to the terms of this Agreement.
- (c) Independent Contractors. The Retail Pharmacies are independent contractors, and as such CHLIC does not direct or exercise any control over the pharmacists at Retail Pharmacies or the professional judgement exercised by any pharmacies in the dispensing or filling of prescriptions or performing other pharmaceutical services. Neither CHLIC nor any CHLIC affiliate shall have any liability to Employer, any Member or any other person or entity for any act or omission of any Retail Pharmacy or its agents or employees.
- (d) Collection of Cost Sharing. CHLIC shall require Retail Pharmacies to collect all applicable Plan cost-shares from Members.

2. Cigna Home Delivery Pharmacy.

- (a) General. Members may submit new or refill prescription orders for fulfillment through Cigna Home Delivery Pharmacy or such other mail service pharmacy that CHLIC in its sole discretion may select from time to time. Such orders may be placed via mail, telephone, or electronic means. Subject to Applicable Law, Employer shall permit communication with Members regarding the availability and use of the Cigna Home Delivery Pharmacy, and potential cost savings associated therewith, and the provision of supporting services (e.g. pharmacist consultation) in connection with any prescription dispensed by the Cigna Home Delivery Pharmacy. Cigna Home Delivery Pharmacy shall deliver all drugs to Members in accordance with its standard procedures. For the purposes of clarity, CHLIC does not exert direction or control over the pharmacists at Cigna Home Delivery Pharmacy in filling prescriptions or performing other pharmaceutical services.
- (b) Cost Sharing. Members are responsible for the payment of the applicable cost sharing to Cigna Home Delivery Pharmacy for each prescription or prescription refill. Employer acknowledges that Cigna Home Delivery Pharmacy may suspend services to a Member who is in default of any cost-sharing obligations, in accordance with Cigna Home Delivery Pharmacy's standard credit policy. If payment of such cost-sharing has not been received from the Member within one hundred twenty (120) days of dispensing of the product, the Plan will be billed for the outstanding amount following the one hundred twenty (120) day collection period.

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- (c) Affiliation with CHLIC. Accredo Health Group, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy Inc., Express Scripts Specialty Distribution Services, Inc. and Lynnfield Drug, Inc. (dba Freedom Fertility Pharmacy) are licensed pharmacy affiliates of CHLIC that fill and deliver Covered Drugs to Members via the mail service.

3. Claims Processing.

- (a) General. CHLIC, in accordance with Section 2 of the Agreement, shall perform claims processing services for Covered Drugs dispensed by Retail Pharmacies or Cigna Home Delivery Pharmacy. In-network Claims shall be submitted via paper or electronically. Members using out-of-network covered services are required to submit a paper claim form. A separate charge may apply for the submission of any paper claim form, whether in-network or out-of-network. CHLIC is not required to provide coordination of benefits (COB) services for Claims for drugs dispensed, and electronically processed, at a pharmacy; Claims may be processed without consideration of a Member's coverage under another plan.
- (b) Drug Utilization Review. CHLIC shall perform a concurrent Drug Utilization Review ("DUR") analysis of each prescription submitted for processing. Such DUR Analysis may include, for example: (1) prescribed dosage within a safe range; (2) drug-to-drug interaction; (3) drug-to-allergy interaction; (4) age-to-drug interaction; (5) duplicate therapy; (6) quantity limitations; and (7) days' supply. DUR processes shall not override the prescriber's, the pharmacist's or other health care provider's professional judgment.

4. Utilization Management Program. CHLIC shall, in accordance with Section 2 of the Agreement administer the Pharmacy Benefit utilization management program(s) identified in this Agreement. Employer acknowledges that CHLIC's coverage policies and claims administration procedures, which are utilized across CHLIC's self-funded and insured book-of-business to adjudicate claims and administer appeals, may change periodically. As an example of the coverage criteria that may apply to a pharmaceutical product, a Member may have to try one or more preferred pharmaceutical products, or demonstrate why trying the preferred pharmaceutical product(s) would be clinically inappropriate, in order to obtain coverage under the Plan for a given pharmaceutical product Employer further authorizes CHLIC to allow coverage for a use that would otherwise be excluded in the event of co-morbidities, complications and other factors not expressly addressed by the coverage policies utilized by CHLIC in reviewing Claims for coverage. CHLIC may rely wholly upon information about the Member and the prescriber's diagnosis of the Member's condition. CHLIC shall not substitute its judgment for the judgment of the prescribing physician, nor shall it determine medical necessity or make other medical determinations other than for coverage purposes.

5. Drug-Related Services.

- (a) Specialty Drugs. CHLIC shall process Claims regarding Specialty Drugs subject to the following provisions:

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- (1) The Specialty Pharmacy shall fill prescriptions for Specialty Drugs based on the professional judgment of the dispensing pharmacist, accepted pharmacy practices and product guidelines.
- (2) A list of Specialty Drugs available via the Specialty Pharmacy and the pricing for those Specialty Drugs shall be made available as in effect on the Effective Date, as set forth in Appendix B. After the Effective Date, Employer may request that CHLIC provide it with an updated list of Specialty Drugs available via the Specialty Pharmacy and the pricing with respect thereto. Only those Specialty Drugs on the Specialty Financial Guarantee Drug List shall be used for pharmacy financial guarantee calculation and exclusion purposes. Specialty Drugs not appearing on the Specialty Financial Guarantee Drug List will be treated as a non-specialty drug for pharmacy financial guarantee and exclusion purposes. The Specialty Financial Guarantee Drug List is subject to change by CHLIC at its discretion and available upon request.
- (3) To the extent acting in the capacity as a mail order pharmacy, the Specialty Pharmacy shall ship Specialty Drugs to Members in accordance with its standard procedures.
- (4) Members are responsible for the payment of the applicable cost sharing to the Specialty Pharmacy for each prescription or prescription refill. Employer acknowledges that the Specialty Pharmacy may suspend services to a Member who is in default of any cost-sharing obligations, in accordance with the Specialty Pharmacy's standard credit policy. If payment has not been received from the Member within one hundred twenty (120) days of dispensing, the Plan will be billed following the one hundred twenty (120) day collection period.
- (5) For the purposes of clarity, CHLIC does not exert direction or control over the pharmacists at the Specialty Pharmacy in filling prescriptions or performing other pharmaceutical services.
- (b) Compound Drugs. CHLIC shall process prescribed Compound Drugs to the extent covered under the Plan. CHLIC shall treat as Covered Drugs only those components of a Compound Drug that would otherwise be treated as Covered Drugs were they not part of a Compound Drug.
- (c) Discount Card Program. In order to help reduce Member pharmacy costs, CHLIC may partner and apply pharmacy discount card program market pricing where available for certain Generic Drugs. As such, certain, eligible claims may be processed by a pharmacy discount card provider when there is price favorability to the Member. Such claims will adjudicate at the pharmacy discount card market price as a cash claim. Claims will adjudicate in accordance with Employer's Plan design and clinical rules, and Member paid amounts may be applied toward deductible and out of pocket accumulator amounts unless Employer opts out of program enrollment. Claims processed under the program will be included in Rebate and pharmacy financial guarantees, where

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such guarantees apply. Member direct claims are excluded from the program. Program terms and conditions are subject to change upon no less than forty-five (45) days' prior notice.

6. **Member Communications and Services.**

- (a) **Member Communication.** CHLIC shall provide to Members an ID card and instructions to access Member materials online, including the Formulary, the Retail Pharmacy directory, Cigna Home Delivery Pharmacy information, and an out-of-network Claim reimbursement form.
- (b) **Rx Savings Messenger.** CHLIC may send personalized mailings to Members regarding the Generic Drugs and preferred Brand Drugs and savings available from Cigna Home Delivery Pharmacy.
- (c) **Call Center.** CHLIC shall maintain toll-free customer service lines twenty-four (24) hours per day, seven (7) days per week for the purpose of responding to inquiries from Members regarding Retail Pharmacy, Cigna Home Delivery Pharmacy or Claims issues.

7. **Formulary Management; Clinical Programs; Other Services.**

CHLIC shall provide Formulary management services, which shall include implementing Formulary placement decisions and determinations to apply utilization management requirements made by CHLIC. CHLIC makes Formulary determinations based on consideration of clinical and economic factors. Clinical factors may include, but are not limited to, the CHLIC P&T Committee's evaluation of the place in therapy, relative safety or relative efficacy of the drug, as well as whether certain supply limits or other utilization management requirements should apply. Economic factors may include, but are not limited to, the drug's acquisition cost including, but not limited to, assessments on the cost effectiveness of the drug and available Rebates. Employer acknowledges that the Formulary, utilization management requirements, and coverage policies used by CHLIC to perform coverage reviews, including any changes made thereto, are adopted by Employer. When considering a drug for Formulary placement or other coverage conditions, CHLIC reviews clinical and economic factors regarding enrollees as a general population across its relevant book-of-business. CHLIC may also provide the clinical, safety and/or trend programs, or other programs and services to Employer, some of which may require payment of additional fees by Employer. If additional fees are required for such a program or service, CHLIC shall include the fee in the Schedule of Financial Charges or otherwise communicate the same in writing to by Employer.

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PHARMACY BENEFIT MANAGEMENT - PROGRAM OPERATIONS	
1.	<p><u>Implementation of Agreement.</u></p> <p class="list-item-l1">(a) <u>Project Plan.</u> Employer and CHLIC shall develop an agreed upon implementation project plan with respect to the Agreement prior to the Effective Date or prior to the implementation with respect to any new Pharmacy Benefit under this Agreement following the Effective Date.</p> <p class="list-item-l1">(b) <u>Initial Data and Commencement of Pharmacy Benefit Management Services.</u> Prior to the Effective Date, Employer shall provide CHLIC with all data and/or documentation necessary for CHLIC to provide the services specified in this Agreement. Such data and/or documentation shall include, but is not necessarily limited to, claims history and Member prior authorization history. Assuming all data specified in the preceding sentence is received sufficiently in advance of the Effective Date, CHLIC shall commence providing services under this Agreement as of the Effective Date.</p>
2.	<u>Timely Provision of Data by Employer.</u> Employer acknowledges that CHLIC shall not be held responsible for, and shall be released from, fulfilling any obligation or performing any service under this Agreement if Employer or its designee does not provide accurate information in a timely manner.
3.	<u>Reporting.</u> CHLIC shall make available to Employer CHLIC's standard reporting applications, subject to Applicable Law and Exhibit C, including, without limitation, HIPAA and state privacy laws.
4.	<p><u>Claims Data.</u></p> <p class="list-item-l1">(a) <u>Retention.</u> CHLIC shall retain data with respect to Claims for at least ten (10) years from the date the prescription is filled. Following the close of such retention period, CHLIC shall retain and dispose of such Claims data pursuant to its then-current standard policies and procedures, Applicable Law and the Business Associate Agreement described in the Agreement.</p> <p class="list-item-l1">(b) <u>Disclosure to Vendor.</u> Upon Employer's written request and subject to execution of a non-disclosure agreement acceptable to CHLIC, CHLIC shall provide prescription Claims data in its standard format to a vendor contracted with Employer and otherwise acceptable to CHLIC solely for the purposes of such vendor's support of Plan administration functions. Employer agrees that its vendors may not utilize Claims data for any other purpose, including, without limitation, developing products and services, analyzing the Claims data against market benchmarks or CHLIC competitors or adding to a normative database (even if de-identified and/or blinded as to Member and PBM/carrier) for the Employer's or vendor's commercial use. Employer shall be responsible for any use or disclosure of Claims data, or any services provided, by the vendor. Notwithstanding the foregoing, all</p>

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audits of any pricing guarantees, Rebate-sharing obligations or Claims processing accuracy shall be conducted in accordance with the terms in this Agreement specifically relating to such audits.

This provision shall survive termination or expiration of the Agreement.

5. Pharmacy Claims Processing Audits.

- (a) Employer may, to the extent specified below and at no additional charge, conduct a claims processing audit of CHLIC's administration of Plan Benefits, once every Plan Year provided that the Agreement has been duly executed by Employer and Employer is current in the payment of all pharmacy claims under the Agreement. Audits may be initiated from February through October and new audits shall not be initiated until all parties have agreed that any and all prior pharmacy-related audits are closed. In order to balance the need to adequately support the audit process for all CHLIC clients, with an efficient allocation of resources, employers who choose to audit one or more components of the pharmacy arrangement must do so through a single annual audit.
- (b) Claims processing audits shall be subject to the following conditions: (1) the audit may take place while the Agreement is in effect or within one (1) year after the termination or expiration of the Agreement; (2) the initial audit period for a retrospective claims audit shall not exceed the twenty-four (24) months period immediately preceding CHLIC's receipt of the request to audit; (3) Employer shall be responsible for its incurred costs regarding the audit; (4) Employer shall designate, with CHLIC's consent, such consent not to be unreasonably withheld, an independent, third party auditor to conduct the audit (the "Auditor") so long as such Auditor is not engaged in providing services for Employer (including, but not limited to the Auditor's engagement as an expert witness in litigation against CHLIC or its affiliates), or otherwise, that conflict with the scope or independent nature of the audit (as determined by CHLIC acting reasonably and in good faith), and provided that Employer's Auditor executes a mutually acceptable confidentiality agreement; (5) Employer shall provide to CHLIC at least thirty (30) days prior written notice of its intent to audit, and any request by Employer to permit an Auditor to perform an audit will constitute Employer's direction and authorization to CHLIC to disclose PHI to the Auditor; (6) CHLIC will provide all data as reasonably necessary for Auditor to perform the claims processing audit within thirty (30) days following the latter of the audit kick-off call and the confidentiality agreement being fully executed or, when applicable, as otherwise agreed upon by the Parties; (7) following Auditor's initial review of the claims, Auditor will provide CHLIC in writing with all suspected categories of claim errors, if any, together with an electronic data file, in a mutually agreed upon format, containing up to three-hundred (300) claims, so that CHLIC may evaluate and investigate Auditor's suspected errors; (8) CHLIC will respond to the suspected errors within sixty (60) days from CHLIC's receipt of such written findings; (9) upon receipt and review of CHLIC's responses, Auditor will provide CHLIC with a written report of Auditor's findings and recommendations before or at the same time such audit report is provided to Employer; (10) CHLIC will respond to the audit report within thirty (30) days of the issuance of Auditor's report; (11) once both Parties have accepted the audit results, the audit shall be considered closed and final; (12) to the extent the mutually accepted audit results

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demonstrate claims errors, CHLIC will reprocess the claims and make corresponding adjustments to Employer; (13) CHLIC's obligations to respond within the designated periods above is conditioned upon a good faith and cooperative working relationship between Employer and/or its Auditor and CHLIC, including but not limited to no new or additional issues that appear in the final report that were not otherwise provided to CHLIC during the preliminary review of suspected errors.

This provision shall survive termination or expiration of the Agreement.

PHARMACY BENEFIT MANAGEMENT - FUNDING AND PAYMENT OF CLAIMS; CHARGES

1. Funding and Payment of Claims. With respect to Pharmacy Benefits, (1) CHLIC may withdraw funds from the Bank Account for the purposes specified in Section 3 of the Agreement five times per month, and (2) any recovered overpayments shall be credited to Employer via a line item on its invoice, less the fee set forth on the Schedule of Financial Charges.

2. Retroactive Member Changes and Terminations. Notwithstanding anything in the Agreement to the contrary, Employer shall remain responsible for all charges and Bank Account Payments incurred or charged through the date CHLIC processed Employer's notice of a retroactive change or termination of a Member's enrollment in the Plan. Notwithstanding anything to the contrary in Section 4.c. of the Agreement, with respect to Pharmacy Benefits, CHLIC generally will implement eligibility updates received from Employer that adhere to CHLIC's standard electronic format as soon as reasonably practicable following receipt of such updates.

PHARMACY BENEFIT MANAGEMENT - FIDUCIARY ACKNOWLEDGMENTS

CHLIC offers pharmacy benefit management services for consideration by Employer and other entities. The general parameters of such services and the supporting systems have been developed by CHLIC as part of CHLIC's administration of its general business as a pharmacy benefit manager for entities that sponsor group health plans. The Parties have negotiated the terms of this Agreement in an arm's-length fashion. Except to the extent CHLIC conducts the final level of internal appeal as set forth in Section 2.c of the Agreement, the Parties assert that neither Party intends that CHLIC shall be a fiduciary with respect to Pharmacy Benefits for either ERISA (if applicable) or state law purposes, and neither Party shall name CHLIC or any of its affiliates as a "plan fiduciary" with respect to its management of Pharmacy Benefits. Employer acknowledges and agrees that CHLIC (i) does not have discretionary authority or control respecting management of the Pharmacy Benefits, and (ii) does not exercise any authority or control respecting management or disposition of the assets relating to Pharmacy Benefits or of Employer. Rather, Employer retains all such authority and control. The Parties agree that, upon reasonable notice, CHLIC shall have the right to terminate its Pharmacy Benefit services under this Agreement to any Plan and/or Members located in a state that requires a pharmacy benefit manager to be a fiduciary to Employer, the Plan or a Member.

This provision shall survive termination or expiration of the Agreement.

Administrative Services Only Agreement for Golder Ranch Fire District

PHARMACY BENEFIT MANAGEMENT - FINANCIAL ARRANGEMENTS

- General.** CHLIC contracts with its PBM affiliate for the provision of pharmacy benefit services and financial arrangements. As such, CHLIC or its PBM affiliate, directly or indirectly contract on their own accounts with Retail Pharmacies and Cigna Home Delivery Pharmacy to dispense covered pharmaceutical products to Employer's Members, and not on behalf of, or for the benefit of, Employer or the Plan; accordingly, any discounts or other remuneration CHLIC or its PBM affiliate earns under an arrangement with a Retail Pharmacy or Cigna Home Delivery Pharmacy are obtained for, and inure to, the sole and exclusive benefit of CHLIC or the PBM affiliate, and not the Employer or the Plan. Amounts paid by CHLIC or its PBM affiliate or by the PBM affiliate for Retail Pharmacy or Cigna Home Delivery Pharmacy for Brand Drug, Generic Drug, or Specialty Drug Claims may or may not be equal to the amount charged to Employer and/or Member. If the amount paid by Employer and/or Member does not equal the amount paid by CHLIC or its PBM affiliate or by the PBM affiliate to a particular pharmacy, CHLIC and its PBM affiliate will absorb or retain such difference. CHLIC may directly or indirectly contract for Rebates, Manufacturer Administrative Fees, and other remuneration on its own behalf and for its own benefit, and not on behalf of Employer or the Plan. As an example of other remuneration other than Rebates or Manufacturer Administrative Fees that CHLIC may earn, CHLIC may also directly or indirectly earn pharmaceutical manufacturers remuneration in connection with value payments and/or services that CHLIC provides to Employer ("Value-Based Payments"). Notwithstanding anything in this Agreement to the contrary, any Value-Based Payments earned by CHLIC are separate and apart from any Rebates or Manufacturer Administrative Fees that CHLIC directly or indirectly earns from pharmaceutical manufacturers, and CHLIC may retain any Value-Based Payments it earns. As examples of the value payments and/or services that CHLIC may provide to Employer in connection with Value-Based Payments that CHLIC may earn, CHLIC may provide care management or other services to Employer and/or remit to Employer monetary credits if Members discontinue therapy on certain pharmaceutical products. Information regarding any services, and/or monetary credits or other financial value, for which Employer may be eligible with respect to specific pharmaceutical products or therapeutic classes/conditions, including the products for which monetary credits or other financial value may be available to Employer, the amount of that value, and other payment terms, is available upon request. Any value payments and/or services provided by CHLIC to Employer are subject to change or termination by CHLIC as the value program(s), if any, offered by CHLIC change(s) or terminate(s). Accordingly, CHLIC retains all right, title and interest to any and all actual Rebates, Manufacturer Administrative Fees, Value-Based Payments, and other remuneration received directly or indirectly from manufacturers. CHLIC may provide Employer amounts equal to all or some portion of the Rebate and Manufacturer Administrative Fee amounts, or other financial value generated in connection with any value program(s), allocated to Employer, if any, and as specified on the Schedule of Financial Charges, from CHLIC's general assets (neither Employer, its Members, nor Employer's Plan retains any beneficial or proprietary interest in CHLIC's general assets). Rebate and Manufacturer Administrative Fee amounts received vary based on factors including, without limitation, Employer-specific utilization, the volume of utilization as well as Formulary position applicable to the drug or supplies, and adherence to various formulary management controls, benefit design requirements, and Claims volume. Employer acknowledges and agrees that neither it, its Members nor its Plan will have a right to interest on, or the time value of, any Claim payments charged by CHLIC to Employer or any Rebate, Manufacturer Administrative Fee or other payments received by CHLIC during the collection period of moneys payable under this section, if any, and that CHLIC shall retain any such remuneration. For purposes of this provision, the term CHLIC shall also include and mean CHLIC's PBM affiliate, Express Scripts, Inc.

Administrative Services Only Agreement for Golder Ranch Fire District

2. Affiliates. Cigna Home Delivery Pharmacy may maintain product purchase discount arrangements and/or fee-for-service arrangements with pharmaceutical manufacturers and wholesale distributors in its capacity as a mail service and/or specialty pharmacy. Cigna Home Delivery Pharmacy may contract for these arrangements on its own account in support of its pharmacy operations, and not on behalf of, or for the benefit of, Employer or the Plan. Accordingly, Cigna Home Delivery Pharmacy retains the sole and exclusive benefit of any difference between its acquisition cost for a pharmaceutical product and the amount charged to Employer under this Agreement. Further these arrangements relate to services provided outside of this Agreement and other pharmacy benefit management arrangements and may be entered into without regard to whether a specific drug is on one of the formularies that CHLIC offers to entities that sponsor group health plans. Discounts and fee-for-service payments received by Cigna Home Delivery Pharmacy are not part of the pharmacy benefit management formulary rebates or associated administrative fees or charges paid to CHLIC in connection with CHLIC's pharmacy benefit management formulary rebate programs.

This provision shall survive termination or expiration of the Agreement.

PHARMACY BENEFIT MANAGEMENT - OBLIGATIONS UPON TERMINATION

Upon notice of termination of this Agreement, the following provisions shall apply with respect to Pharmacy Benefits:

- a) Employer shall notify Members at least thirty (30) days prior to the termination of the Agreement becoming effective of any transition to a successor pharmacy benefit manager.
- b) If mutually agreed upon by CHLIC and Employer, CHLIC shall provide services following termination of the Agreement at CHLIC's then-prevailing rate. Such services, if any, shall be determined by mutual agreement of CHLIC and Employer in advance of the termination of the Agreement becoming effective.
- c) Upon request by Employer and subject to execution of a nondisclosure agreement acceptable to CHLIC, CHLIC shall transition Claims files and/or history to the pharmacy benefit manager or other third party specified by Employer and otherwise acceptable to CHLIC. Any disclosure of Claims files and/or history shall be limited to the information the successor pharmacy benefit manager or other third party needs to implement or administer Employer's pharmacy benefits. CHLIC shall not be required to directly or indirectly release, and Employer shall not release, PBM Proprietary Information to any such third party.
- d) Upon termination of the Agreement for any reason, the Parties shall handle Confidential Information, PBM Proprietary Information and Protected Health Information (as defined in the Business Associate Agreement attached as Exhibit C) pursuant to the terms of the Agreement.

This provision shall survive termination or expiration of the Agreement.

PHARMACY BENEFIT MANAGEMENT - CONFIDENTIALITY

1. General. Employer acknowledges and agrees that CHLIC's PBM Proprietary Information constitutes competitively sensitive trade secrets, and that its misuse or mis-disclosure could result in material financial and legal loss or liability to CHLIC, its affiliates and their respective

Administrative Services Only Agreement for Golder Ranch Fire District

subcontractors. CHLIC shall not be required to disclose PBM Proprietary Information to Employer except to the extent necessary for Employer to exercise any audit rights expressly provided hereunder or perform other Plan administration functions. If CHLIC discloses PBM Proprietary Information to Employer, or, if CHLIC consents, to the Employer's vendor or designee, CHLIC may require Employer, or its vendor or designee, to execute a non-disclosure agreement specifically relating to the requested PBM Proprietary Information. Employer agrees that it and its vendors may not utilize PBM Proprietary Information for any purpose other than performing Plan administration functions, including, without limitation, developing products and services, de-identifying, blinding or analyzing the PBM Proprietary Information against market benchmarks or CHLIC competitors or adding to a normative database for the Employer's, or vendor's or designee's, commercial use. For the purposes of clarity, information shall not cease to qualify as PBM Proprietary Information if Employer or its vendor or designee de-identifies and/or blinds the PBM Proprietary Information such that the information cannot be traced or identified to a Member or CHLIC, its affiliates or their respective subcontractors. Employer shall be solely responsible for any disclosure of PBM Proprietary Information by CHLIC to Employer or its vendor or designee, or any subsequent use or disclosure by Employer or its vendor or designee, or services provided by the same. Notwithstanding anything herein to the contrary, in no event will CHLIC be required to disclose to Employer, or its vendor or designee, information related to, or including, its pharmacy network agreements, vendor agreements or pharmaceutical manufacturer agreements.

2. **Compelled Disclosures.** If at any time Employer, or its vendor or designee, is required by law, court order or other valid legal process to disclose any Confidential Information, it will promptly notify CHLIC prior to any such compelled disclosure and, upon request, cooperate with CHLIC in seeking a protective order or other available relief to contest or limit the scope of such compelled disclosure.
3. **Return or Destruction of Information.** At any time upon CHLIC's request or upon expiration or termination of this Appendix A or the Agreement, whichever occurs first, Employer will, at CHLIC's option, promptly deliver, or, as the case may be, compel its vendor or designee to deliver, to CHLIC all PBM Proprietary Information or other Confidential Information (or such portion thereof as requested) and not retain any copies in whole or in part of such PBM Proprietary Information or other Confidential Information, or securely destroy or dispose, or, as the case may be, compel its vendor or designee to destroy or dispose, of those portions of documents and other materials in any form, including electronic form, prepared by or received by the Employer or its vendor or designee, that contain or reflect such PBM Proprietary Information or other Confidential Information. Employer, or its vendor or designee, shall certify such return and destruction, as the case may be, to CHLIC.

Appendix B - Cigna Home Delivery Pharmacy Specialty Drug List

THIS SPECIALTY DRUG LIST IS CONFIDENTIAL, PROPRIETARY INFORMATION OF CHLIC. IT IS PROVIDED SOLELY FOR EMPLOYER'S PLAN ADMINISTRATION PURPOSES. RE-DISCLOSURE IS STRICTLY PROHIBITED EXCEPT AS OTHERWISE PROVIDED BY APPLICABLE LAW. CHLIC RESERVES ALL LEGAL RIGHTS AND REMEDIES TO ENFORCE THESE PROHIBITIONS ON USE AND DISCLOSURE.

The Specialty Drug List shall be provided separately to Employer, and is hereby incorporated into the Agreement by reference, inclusive of any changes made subsequent to CHLIC's initial issuance of the Specialty Drug List to Employer to the pharmaceutical products included on the Specialty Drug List or the discounts, if any, pertaining to such pharmaceutical products. Upon Employer's request on or after the Effective Date, CHLIC shall provide to Employer an updated Specialty Drug List.

Currently Marketed Specialty Drugs on this Specialty Drug List. The discounts in this Specialty Drug List are the discounts, if any, that will be adjudicated in CHLIC's claim processing system for the drug indicated when dispensed by Cigna Home Delivery Pharmacy, subject to all of the following.

- The discounts in this Specialty Drug List, if any, are based on the terms and design of the Pharmacy Benefit that Employer has adopted and disclosed to CHLIC. Accordingly, if Employer fails to disclose to CHLIC, for example, that it uses or intends to use a consumer-driven health plan, a major cost-sharing program, or a utilization management program promoting generic or OTC drugs over brand drugs, CHLIC may adjust the discounts as it reasonably deems necessary to preserve the economic value or benefit of this Agreement as CHLIC anticipated based on the terms and design of the Pharmacy Benefit previously disclosed to CHLIC and prior to CHLIC's discovery of the Pharmacy Benefit design feature that materially impacts CHLIC's discounts in this Specialty Drug List.
- The discounts in this Specialty Drug List, if any, shall not apply to Compound Drug claims, Claims that process at U&C, direct member reimbursement (DMR) Claims, and drugs adjudicated under the medical benefit.
- Any or all of the discounts in this Specialty Drug List may be adjusted by CHLIC to the extent reasonably necessary to preserve the economic value of this Agreement as it existed immediately prior to the occurrence of any of the following events: (a) there are any significant changes in the composition of CHLIC's pharmacy network or in CHLIC's pharmacy network contract compensation rates, or the structure of the pharmacy stores/chains/vendors that are contracted with CHLIC, including but not limited to disruption in the retail pharmacy delivery model, or bankruptcy of a chain pharmacy; or (b) there is a change in government laws or regulations which has a significant impact on pharmacy claim costs; or (c) any material manufacturer-rebate contracts with or for the benefit of CHLIC are terminated or modified in whole or in part; or (d) there is any legal action or Law that materially affects or could materially affect the manner in which CHLIC's rebate program is administered or an existing Law is interpreted so as to materially affect or potentially have a material effect on CHLIC's administration of the Pharmacy Benefit; (e) there is a material change in the Plan or the Plan's Pharmacy Benefit that is initiated by Employer which impacts CHLIC's costs or (f) a major change in market conditions affecting the pharmaceutical or pharmacy benefit management market, a drug shortage in the market, an issue involving the safety of the drug supply, or similar market situation.

Administrative Services Only Agreement for Golder Ranch Fire District

- For pharmacy pricing guarantee purposes, only those Specialty Drugs on the Specialty Financial Guarantee Drug List shall be used for pharmacy pricing guarantee and exclusion purposes. Specialty Drugs not appearing on the Specialty Financial Guarantee Drug List shall be treated as a non-specialty drug for pharmacy pricing guarantee and exclusion purposes. The Specialty Financial Guarantee Drug List is subject to change by CHLIC at its discretion and available upon request.

New-to-Market Specialty Products. Specialty Drug Claims, excluding Limited Distribution Drugs and Exclusive Distribution Drugs, that are for new-to-market drugs will have a minimum market-introduction guaranteed discount of 11.45% off the drug's AWP.

“Limited Distribution Drug” or “Exclusive Distribution Drug” shall mean a Specialty Drug that is not generally available from most or all pharmacies and is restricted to select pharmacies as determined by a pharmaceutical manufacturer. The list of Limited Distribution Drugs and Exclusive Distribution Drugs will be maintained by CHLIC.

Appendix C - SaveOnSP Program

1. The SaveOnSP Program is a Member cost share savings program available when the Employer makes certain pharmacy benefit plan design changes such that program specialty prescription drugs are designated as non-essential health benefits with respect to federal PPACA essential health benefit requirements, and Employer establishes Member cost share at amounts that allow the receipt of manufacturer-supported patient cost share assistance in accordance with Program parameters (“Program”). Designated specialty drugs under the Program may be revised twice on a calendar year basis.
2. Employer will be responsible for the payment of Program fees which shall be 25% of program savings and for any applicable tertiary and residual cost share. The Program fees shall be measured and calculated based on the Program’s standard savings and fee calculating methodology. Payment of Program fees shall be charged to the Bank Account and invoiced on a monthly, incurred basis.
3. In order to make available Program services, CHLIC is providing Employer’s claims data to CHLIC’s approved third-party vendor (“Vendor”) on a periodic basis to facilitate such Vendor’s provision of the Services. Members’ claims data is being provided under an applicable business associate agreement with such Vendor and in accordance with HIPAA including, but not limited to, the minimum necessary standards. Vendor may communicate with Employer’s Member in order to provide Program services.
4. Employer acknowledges and agrees that CHLIC and Vendor is not a legal advisor and do not render any legal counseling or advice regarding the provision of Program services or benefit designs adopted by Employer. Employer understands and agrees that it is implementing a third party specialty drug program administered by Vendor. Neither CHLIC nor Vendor is responsible for ensuring that Employer or Employer’s employee benefit plans independent from or in conjunction with the Program services comply with any Applicable Law including but not limited to laws, regulations, rules, ordinances and/or other guidance related to or associated with relevant Federal and State Anti-kickback laws; IRS rules; ERISA; the Affordable Care Act, state insurance department regulations, state consumer protection requirements, or other federal state or local laws or regulations, including but not limited to laws, regulations, rules, ordinances and/or other guidance related HSA-eligible high deductible health plans (including but not limited to Code Section 223) notwithstanding anything to the contrary. CHLIC hereby advises Employer to seek legal advice and Employer acknowledges that it will consult with its own legal counsel regarding the operation, administration, and establishment of its plans and the appropriateness of the Program. Neither CHLIC nor Vendor shall be liable to Employer or any person if any plan fails to comply with any such requirement. Employer is solely responsible for determining whether to implement the Program for its HSA-eligible high deductible health plan and addressing any compliance issues related to such implementation.
5. In addition to other provisions set forth in this Agreement, it is understood and agreed that for purposes of the Program, Employer (or the relevant plan sponsor and/or plan administrator) have full and final authority and responsibility for the plans, plan assets, and plan operation. Neither CHLIC nor Vendor is a fiduciary (as defined under ERISA or state law) of CHLIC clients’ plans. CHLIC, CHLIC Affiliates and Vendor do not: (a) have any discretionary authority or control respecting management of CHLIC clients’ plans’ prescription benefit programs or (b) exercise any authority or control respecting management or disposition of the assets of CHLIC clients’ plans. All such

Administrative Services Only Agreement for Golder Ranch Fire District

discretionary authority and control with respect to the management of CHLIC clients' plans and plans' assets are retained by CHLIC clients and/or CHLIC clients' plans.

6. If Employer fails to timely pay in full all applicable Program fees, CHLIC reserves the right to suspend or terminate the services under the Program, in addition to any other rights and remedies available to CHLIC under this Agreement and Applicable Law.
7. CHLIC reserves the right to modify, revise, or terminate the Program due to market conditions that have a material impact on the Program at any time.



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Grant Cesarek, Assistant Chief of Support Services

MTG. DATE: October 21, 2025

SUBJECT: DISCUSSION AND POSSIBLE ACTION REGARDING THE COMPLETION OF RENOVATIONS TO THE TRAINING AND FLEET BUILDINGS AS PART OF THE VOTER APPROVED BOND PACKAGE

ITEM #: 8B

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

As part of the 2019 voter approved bond package, the GRFD training and fleet buildings built in 2005 are due for renovations and expansion to meet the needs of the district. Following prior approval from the governing board, staff moved forward with Seaver Franks Architecture and Concord Construction company to design floor plans and develop a budget for the renovations. Both buildings have been designed and initial construction costs are approximately \$5.3 million, which includes a 12% contingency. The cost of architectural design is \$69k for the training building and \$139k for the fleet building, making the total project cost prior to subcontractor bidding, \$5.5 million. Staff is requesting approval to utilize the remaining balance of the bond account, approximately \$4.2 million and unassigned reserve funds of \$1.5 million for a not to exceed total price project of \$5.7 million. Staff will work with the architect and construction team to value engineer the project and ensure the bidding process is completed with the intent of reducing the amount of unassigned reserve funds used to complete the project. The staff presentation includes the proposed floor plans and supporting documents have a detailed breakdown of costs.

RECOMMENDED MOTION

Motion to approve staff to proceed with the renovations of the GRFD training and fleet buildings as part of the 2019 bond project utilizing the remaining balance of the bond account and unassigned reserve funds not to exceed a total project cost of \$5.7 million.



CONCEPTUAL ESTIMATE





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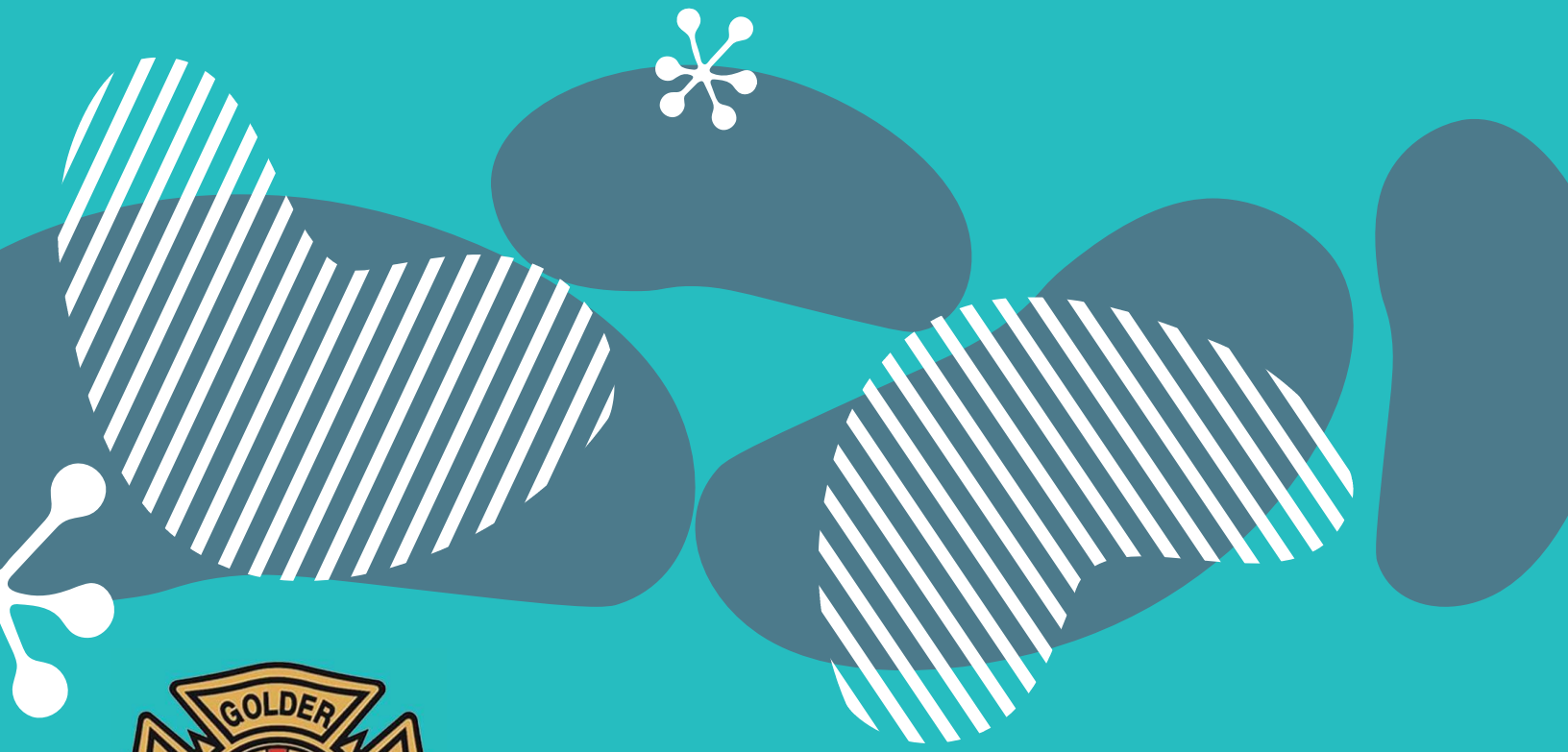
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DETAILED ESTIMATE TAB 3

CLARIFICATIONS TAB 4

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ESTIMATE LETTER





ENGAGE.BUILD.

September 24, 2025
Golder Ranch Training &
Maintenance Facility Upgrades
3835 E Golder Ranch Drive,
Tucson, AZ 85739

Dear Project Team:

Attached is our package for the conceptual estimate of the Golder Ranch Training & Maintenance Facility Upgrades. This proposal represents the drawings, specifications and information obtained during site visits. We have utilized our knowledge from similar projects, the current construction market and subcontractor input to put together this proposal. The pricing presented in this package represents the construction budget as this project moves through design. We have included a schedule of values, written narrative, additional pricing information, and on screen takeoffs.

We look forward to continuing working with the project team on this exciting project. If you have any questions or need further information, please feel free to contact me at any time.

Sincerely, Concord General Contracting, Inc

Jason Beaver
Vice President/COO

David Landis
Senior Estimator

CONCORD GENERAL CONTRACTING INC
3814, 5828 N Oracle Rd suite 150, Tucson, AZ 85704
P: (520) 327-2010



SCHEDULE OF VALUES



Estimate Cover Sheet

Golder Ranch Training & Maintenance Facility Upgrades Conceptual Estimate 1.0.1

Project Information

Client	Tucson Unified School District
Project	Golder Ranch Training & Maintenance Facility Upgrades
	3835 E. Golder Ranch Drive
	Tucson, Arizona 85739
Architect	SPS+ Architects
Estimator	David Landis
Estimate No.	Conceptual Estimate 1.0.1
Project Duration	9 Months
Date	Tuesday, September 23, 2025
Building Type	Type III
Building Area	5079 Square Feet



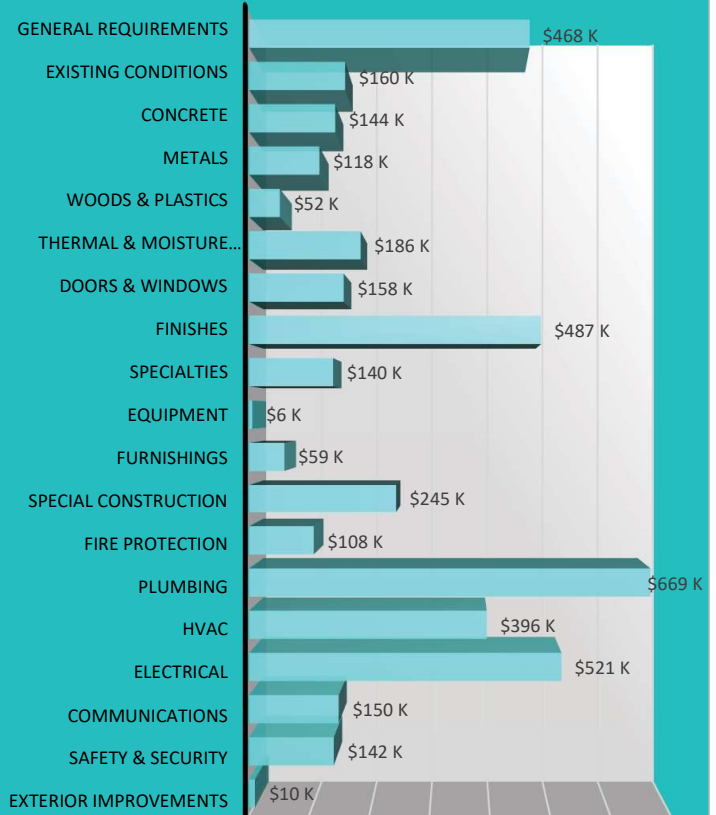
Project Cost Summary

Projected Construction Cost

\$ 1,050.49 /SF

\$5,335,424

SYSTEM SUMMARY



9/23/2025

Conceptual Estimate 1.0.1

Golder Ranch Training & Maintenance Facility Upgrades

3835 E. Golder Ranch Drive
Tucson, Arizona 85739

Item	Description Of Work	1	2	Total	%
		Training Facility	Maintenance Facility		
DIVISION 01 - GENERAL REQUIREMENTS					
1	General Conditions	\$162,544	\$203,180	\$365,724	6.85%
2	Temporary Facilities and Controls	\$37,578	\$14,661	\$52,239	0.98%
3	Execution and Closeout Requirements	\$21,758	\$27,855	\$49,613	0.93%
DIVISION 02 - EXISTING CONDITIONS					
4	Demolition and Structure Moving	\$62,131	\$64,344	\$126,475	2.37%
5	Facility Remediation	\$13,119	\$20,890	\$34,009	0.64%
DIVISION 03 - CONCRETE					
6	Concrete Reinforcing	\$7,029	\$19,735	\$26,764	0.50%
7	Cast-In-Place Concrete	\$16,420	\$100,703	\$117,123	2.20%
DIVISION 05 - METALS					
8	Structural Metal Framing	\$0	\$56,745	\$56,745	1.06%
9	Metal Decking	\$0	\$9,484	\$9,484	0.18%
10	Metal Fabrications	\$0	\$51,400	\$51,400	0.96%
DIVISION 06 - WOODS & PLASTICS					
11	Architectural Casework	\$22,350	\$29,550	\$51,900	0.97%
DIVISION 07 - THERMAL & MOISTURE PROTECTION					
12	Dampproofing and Waterproofing	\$0	\$113,685	\$113,685	2.13%
13	Thermal Protection	\$7,742	\$8,033	\$15,775	0.30%
14	Roofing and Siding Panels	\$35,964	\$0	\$35,964	0.67%
15	Sheet Metal Flashing and Trim	\$2,793	\$5,643	\$8,436	0.16%
16	Joint Protection	\$4,155	\$8,155	\$12,310	0.23%
DIVISION 08 - DOORS & WINDOWS					
17	Doors and Frames	\$12,017	\$17,085	\$29,102	0.55%
18	Specialty Doors and Frames	\$2,000	\$56,500	\$58,500	1.10%
19	Hardware	\$22,795	\$43,955	\$66,750	1.25%
20	Glazing	\$250	\$3,400	\$3,650	0.07%
DIVISION 09 - FINISHES					
21	Plaster and Gypsum Board	\$103,548	\$99,412	\$202,960	3.80%
22	Tiling	\$141,250	\$54,510	\$195,760	3.67%
23	Ceilings	\$17,010	\$23,175	\$40,185	0.75%
24	Flooring	\$14,755	\$0	\$14,755	0.28%
27	Painting and Coating	\$17,745	\$15,200	\$32,945	0.62%
DIVISION 10 - SPECIALTIES					
28	Information Specialties	\$17,925	\$19,035	\$36,960	0.69%
29	Interior Specialties	\$29,109	\$24,173	\$53,282	1.00%
30	Safety Specialties	\$1,740	\$2,900	\$4,640	0.09%
31	Storage Specialties	\$36,525	\$8,980	\$45,505	0.85%
DIVISION 11 - EQUIPMENT					
31	Residential Equipment	\$0	\$5,900	\$5,900	0.11%
DIVISION 12- FURNISHINGS					
35	Multiple Seating	\$0	\$0	\$59,402	1.11%
DIVISION 13 - SPECIAL CONSTRUCTION					
33	Special Structures	\$0	\$245,317	\$245,317	4.60%
DIVISION 21 - FIRE PROTECTION					
34	Water-Based Fire-Suppression Svstems	\$44,164	\$64,067	\$108,231	2.03%

9/23/2025

Conceptual Estimate 1.0.1

Golder Ranch Training & Maintenance Facility Upgrades

3835 E. Golder Ranch Drive
Tucson, Arizona 85739

Item	Description Of Work		1	2	Total	%
			Training Facility	Maintenance Facility		
DIVISION 22 - PLUMBING						
35	Common Work Results for Plumbing		\$2,500	\$2,500	\$5,000	0.09%
36	Plumbing Insulation		\$12,698	\$25,650	\$38,348	0.72%
37	Plumbing Piping		\$152,370	\$344,290	\$496,660	9.31%
38	Plumbing Equipment		\$8,500	\$8,500	\$17,000	0.32%
39	Plumbing Fixtures		\$78,400	\$33,150	\$111,550	2.09%
DIVISION 23 - HVAC						
40	Common Work Results for HVAC		\$29,126	\$36,379	\$65,505	1.23%
41	HVAC Insulation		\$3,301	\$6,669	\$9,970	0.19%
42	Instrumentation and Control for HVAC		\$10,158	\$20,520	\$30,678	0.57%
43	Facility Fuel Systems		\$5,079	\$10,260	\$15,339	0.29%
44	HVAC Piping and Pumps		\$15,237	\$30,780	\$46,017	0.86%
45	HVAC Air Distribution		\$62,972	\$95,460	\$158,432	2.97%
46	Decentralized HVAC Equipment		\$70,198	\$0	\$70,198	1.32%
DIVISION 26 - ELECTRICAL						
47	Common Work Results for Electrical		\$15,400	\$15,400	\$30,800	0.58%
48	Low-Voltage Electrical Distribution		\$55,870	\$112,860	\$168,730	3.16%
49	Facility Generating and Storage Equipment		\$0	\$10,260	\$10,260	0.19%
50	Lighting		\$163,399	\$147,366	\$310,765	5.82%
DIVISION 27 - COMMUNICATIONS						
51	Structured Cabling		\$29,204	\$30,569	\$59,773	1.12%
52	Audio-Video Communications		\$55,000	\$35,000	\$90,000	1.69%
DIVISION 28 - ELECTRONIC SAFETY & SECURITY						
53	Access Control		\$19,500	\$32,500	\$52,000	0.97%
54	Security Detection, Alarm and Monitoring		\$34,284	\$42,701	\$76,985	1.44%
55	Life Safety		\$12,698	\$0	\$12,698	0.24%
DIVISION 32 - EXTERIOR IMPROVEMENTS						
56	Bases, Ballasts, and Paving		\$0	\$10,463	\$10,463	0.20%
	Subtotal		\$1,749,712	\$2,468,949	\$4,218,661	79.07%
57	Design Contingency	7.00%	\$0	\$172,826	\$295,306	5.53%
58	Contractors Contingency	5.00%	\$87,486	\$123,447	\$210,933	3.95%
59	General Liability Insurance	1.10%	\$22,828	\$34,360	\$58,689.66	1.10%
60	Builders Risk Insurance	0.35%	\$7,264	\$10,933	\$18,673.98	0.35%
61	Performance & Payment Bond	1.21%	\$25,111	\$37,796	\$62,907	1.18%
62	Contractors Fee	5.00%	\$103,766	\$156,181	\$266,771.19	5.00%
	Subtotal		\$1,996,167	\$3,004,492	\$5,131,942	96.19%
63	Sales Tax	3.97%	\$79,148	\$119,128	\$203,482	3.81%
TOTAL CONSTRUCTION PRICE			\$2,075,315	\$3,123,620	\$5,335,424	100.00%

DETAILED ESTIMATE



08 OPENINGS		
08 10 00	Doors and Frames	
08 12 00	Metal Frames	

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Conceptual Estimate 1.0.1

Golder Ranch Training & Maintenance Facility Upgrades

3835 E. Golder Ranch Drive

Tucson, Arizona 85739

Tucson, Arizona 85739			1		2		Total	Comments
			Training Facility		Maintenance Facility			
	Single H/M Frames, Single 3'-0"x7'-0", Sidelight	\$ 550.00 EA		\$0	4	\$2,200	\$2,200	
	HM Frames, Single 3'-0"x8'-0"	\$ 450.00 EA	13	\$5,850	14	\$6,300	\$12,150	
08 13 00	Metal Doors							
	Hollow Metal Doors, Single 3'-0"x 7'-0"	\$ 385.00 EA	3	\$1,155		\$0	\$1,155	
	Hollow Metal Doors, Single 3'-0"x 7'-0", Viewing	\$ 625.00 EA		\$0	5	\$3,125	\$3,125	
08 14 00	Wood Doors							
	Wood Solid Core Door (3'-0"x7'-0")	\$ 420.00 EA	3	\$1,260	13	\$5,460	\$6,720	
	Wood Solid Core Door, Single 3'-0"x7'-0", Viewing	\$ 452.00 EA	1	\$452		\$0	\$452	
08 15 00	Plastic Doors							
	Laminated Plastic Doors	\$ 550.00 EA	6	\$3,300		\$0	\$3,300	
08 30 00	Specialty Doors and Frames							
08 31 00	Access Doors and Frames							
	12" x 12" Access Door	\$ 150.00 EA	4	\$600	6	\$900	\$1,500	
	24" x 24" Access Door	\$ 350.00 EA	4	\$1,400	6	\$2,100	\$3,500	
08 33 00	Coiling Doors and Grilles							
	8'w x 10'h Mill Finish Coiling Door	\$ 8,500.00 EA		\$0	1	\$8,500	\$8,500	
	16'w x 20'h Overhead Coiling Door	\$ 15,000.00 EA		\$0	3	\$45,000	\$45,000	
08 70 00	Hardware							
08 71 00	Door Hardware							
	Hardware/Threshold/Hinges/Lockset/Door stops, Single	\$ 1,565.00 EA	11	\$17,215	13	\$20,345	\$37,560	
	Hardware/Threshold/Hinges/Lockset/Door stops, Single	\$ 1,690.00 EA	2	\$3,380	5	\$8,450	\$11,830	
	Add Closer	\$ 1,100.00 EA	2	\$2,200	12	\$13,200	\$15,400	
	Add Panic Bar	\$ 980.00 EA		\$0	2	\$1,960	\$1,960	
08 80 00	Glazing							
08 81 00	Glass Glazing							
	Viewing Kits, 1/2" glass	\$ 250.00 EA	1	\$250		\$0	\$250	
	Sidelites	\$ 850.00 EA		\$0	4	\$3,400	\$3,400	
TOTALS			\$7.30	\$37,062	\$11.79	\$120,940	\$10.30	\$158,002

09 FINISHES								
09 20 00	Plaster and Gypsum Board							
09 22 00	Supports for Plaster and Gypsum Board							
	Metal Furring							
	1-1/2"	\$ 2.65 SF		\$0	1,337	\$3,543	\$3,543	
	Non-Structural Metal Stud Framing							
	3-5/8" 25 Ga.	\$ 7.50 SF	2,777	\$20,828	2,555	\$19,163	\$39,991	
	6" 25 Ga. Interior	\$ 8.50 SF	1,763	\$14,986	313	\$2,661	\$17,647	
	6" 20 Ga. Interior	\$ 8.50 SF		\$0	2,774	\$23,579	\$23,579	
	8" 25 Ga. Interior	\$ 10.25 SF	1,524	\$15,621		\$0	\$15,621	
	Suspension Systems							
	3-5/8" 20 Ga., Ceilings, Restrooms	\$ 8.50 SF	296	\$2,516	561	\$4,769	\$7,285	
	3-5/8" 25 Ga., Ceilings	\$ 7.50 SF	1,460	\$10,950		\$0	\$10,950	
09 29 00	Gypsum Board							
	1/2" Cement Board	\$ 3.25 SF		\$0	1,863	\$6,055	\$6,055	
	5/8" Gypsum Board, Interior Partition	\$ 2.10 SF	2,041	\$4,286	18,169	\$38,155	\$42,441	
	5/8" Gypsum Fiberrock, Interior Partition	\$ 3.50 SF	8,712	\$30,492		\$0	\$30,492	
	5/8" Gypsum Board Ceilings	\$ 2.65 SF	1,460	\$3,869	561	\$1,487	\$5,356	
09 30 00	Tiling							
09 30 13	Ceramic Tiling							
	Wall Tile	\$ 15.00 SF	4,962	\$74,435	1,291	\$19,365	\$93,800	
	Floor Tile	\$ 15.00 SF	1,778	\$26,669	2,207	\$33,105	\$59,774	
	Cove Based, Ceramic	\$ 15.00 LF	384	\$5,760		\$0	\$5,760	
	Waterproofing Membrane	\$ 12.00 SF	1,672	\$20,064	100	\$1,200	\$21,264	
	Mortar Bed	\$ 35.00 SF	242	\$8,470	14	\$490	\$8,960	
	Grout Sealers	\$ 2.00 SF	1,672	\$3,344	100	\$200	\$3,544	
	Epoxy Grout, Add	\$ 1.50 SF	1,672	\$2,508	100	\$150	\$2,658	
09 50 00	Ceilings							
09 51 00	Acoustical Ceilings							
	Suspended 2'x2' Acoustical	\$ 12.50 SF	1,164	\$14,550	1,854	\$23,175	\$37,725	
	Suspended 2'x4' Acoustical	\$ 11.25 SF	176	\$1,980		\$0	\$1,980	
	Suspended 2'x4' Acoustical, Match Existing	\$ 16.00 SF	30	\$480		\$0	\$480	
09 60 00	Flooring							
09 65 00	Resilient Flooring							
	Vinyl Composition Tile, 12 x 12 x 1/8"	\$ 5.00 SF	1,052	\$5,260		\$0	\$5,260	
	Vinyl Base, 4" high	\$ 2.10 LF	464	\$974		\$0	\$974	
09 68 00	Carpeting							
	Carpet Tile	\$ 5.25 SF	1,623	\$8,521		\$0	\$8,521	
09 90 00	Painting and Coating							
	Steel							
	Exposed Ceiling Structures, DryFall	\$ 5.25 SF		\$0	1,227	\$6,442	\$6,442	
	Drywall							
	Paint Perimeter Gyp. Interior Walls	\$ 1.00 SF	6,490	\$6,490	8,074	\$8,074	\$14,564	
	Paint Gypsum Ceilings	\$ 1.15 SF	1,372	\$1,578	595	\$684	\$2,262	
	Paint Gypsum Ceilings, Epoxy	\$ 9.50 SF	296	\$2,812		\$0	\$2,812	
	Doors & Frames							
	Hollow Metal Frames, Single	\$ 275.00 EA	13	\$3,575		\$0	\$3,575	
	Hollow Metal Door	\$ 250.00 EA	3	\$750		\$0	\$750	
	Miscellaneous							
	Painting - Touch Up	\$ 0.50 SF	5,079	\$2,540		\$0	\$2,540	
TOTALS			\$57.95	\$294,308	\$18.74	\$192,297	\$31.72	\$486,605

10 Specialties								
10 10 00	Information Specialties							
10 11 00	Visual Display							
	Marker Boards 8 x 4, magnetic	\$ 2,150.00 EA	7	\$15,050	7	\$15,050	\$30,100	

9/23/2025
Conceptual Estimate 1.0.1
Golder Ranch Training & Maintenance Facility Upgrades
 3835 E. Golder Ranch Drive
 Tucson, Arizona 85739

Tucson, Arizona 85739				1		2		Total		Comments
				Training Facility		Maintenance Facility				
10 14 00 Signage										
	Signage, Engraved Interior, Stairs	\$ 210.00	EA		\$0	2	\$420		\$420	
	Signage, Engraved Interior, Exit Sign	\$ 210.00	EA	2	\$420		\$0		\$420	
	Signage, Engraved Interior, Rooms	\$ 185.00	EA	11	\$2,035	11	\$2,035		\$4,070	
	Signage, Engraved Interior, Restrooms	\$ 210.00	EA	2	\$420	3	\$630		\$1,050	
	Signage, Evacuation Map	\$ 450.00	EA		\$0	2	\$900		\$900	
10 20 00 Interior Specialties										
10 21 00 Compartments and Cubicles										
	Toilet Partitions- Backed Enamel	\$ 1,250.00	EA	7	\$8,750	2	\$2,500		\$11,250	
	Urinal screens - Baked Enamel	\$ 550.00	EA	1	\$550		\$0		\$550	
10 26 00 Wall and Door Protection										
	Corner Guards Stainless Steel- 3" x 3"	\$ 175.00	EA	3	\$525	9	\$1,575		\$2,100	
	FRP, 6' H	\$ 12.00	SF	512	\$6,144	974	\$11,688		\$17,832	
10 28 00 Toilet, Bath, and Laundry Accessories										
	Grab Bar, 36"	\$ 285.00	EA	3	\$855	3	\$855		\$1,710	
	Grab Bar, 42"	\$ 325.00	EA	3	\$975	3	\$975		\$1,950	
	Grab Bar, 18"	\$ 185.00	EA	3	\$555	3	\$555		\$1,110	
	Soap Dispensers	\$ 65.00	EA	6	\$390	4	\$260		\$650	
	Toilet Seat Dispenser	\$ 85.00	EA	10	\$850	4	\$340		\$1,190	
	Sanitary Napkin Disposal	\$ 75.00	EA	5	\$375	2	\$150		\$525	
	Toilet Paper Holders	\$ 95.00	EA	10	\$950	4	\$380		\$1,330	
	Paper Towel Dispensers & Disposal	\$ 650.00	EA	3	\$1,950	3	\$1,950		\$3,900	
	S.S. Framed Mirror 24 x 36	\$ 350.00	EA	6	\$2,100	2	\$700		\$2,800	
	S.S. Framed Mirror 48 x 84	\$ 550.00	EA	2	\$1,100	2	\$1,100		\$2,200	
	Shower Seat, Folding	\$ 550.00	EA	2	\$1,100	1	\$550		\$1,650	
	Grab Bar, ADA, L-Shaped	\$ 425.00	EA	2	\$850	1	\$425		\$1,275	
	Shower Curtain & Rod	\$ 55.00	EA	6	\$330	1	\$55		\$385	
	Towel Bar	\$ 45.00	EA	6	\$270	1	\$45		\$315	
	Coat Hook	\$ 35.00	EA	14	\$490	2	\$70		\$560	
10 40 00 Safety Specialties										
10 44 00 Fire Protection Specialties										
	Fire Extinguisher & Cabinets	\$ 580.00	EA	3	\$1,740	5	\$2,900		\$4,640	
10 50 00 Storage Specialties										
10 51 00 Lockers										
	Metal Lockers- single tier steel- 12 x 15 x 72	\$ 550.00	EA	60	\$33,000	14	\$7,700		\$40,700	
	Benches- wood- maple	\$ 115.00	LF	25	\$2,875	10	\$1,150		\$4,025	
	Pedestals for benches	\$ 65.00	EA	10	\$650	2	\$130		\$780	
TOTALS				\$16.79	\$85,299	\$5.37	\$55,088	\$9.15	\$140,387	

11 EQUIPMENT										
11 30 00	Residential Equipment									
11 30 13	Residential Appliances									
	Refrigerators	\$ 2,250.00	EA		\$0	1	\$2,250		\$2,250	
	Microwave Ovens	\$ 850.00	EA		\$0	1	\$850		\$850	
	Stoves	\$ 900.00	EA		\$0	1	\$900		\$900	
	Dishwasher	\$ 1,250.00	EA		\$0	1	\$1,250		\$1,250	
	Disposal	\$ 650.00	EA		\$0	1	\$650		\$650	
TOTALS				\$0.00	\$0	\$0.58	\$5,900	\$0.38	\$5,900	

12 FURNISHINGS										
12 50 00	Furniture									
12 51 00	Office Furniture									
	Shelving	\$ 220.00	LF	0	\$0	0	\$0		\$0	By Owner
12 60 00	Multiple Seating									
12 61 00	Fixed Audience Seating									
	Straight Tables and Chairs	\$ 59,402.10	LS	1	\$59,402		\$0		\$59,402	
TOTALS				\$11.70	\$59,402	\$0.00	\$0	\$3.87	\$59,402	

13 SPECIAL CONSTRUCTION										
13 30 00	Special Structures									
13 34 00	Fabricated Engineered Structures									
	Pre-Engineered Metal Building	\$ 54.50	SF		\$0	3,410	\$185,845		\$185,845	
	Canopy	\$ 36.00	SF		\$0	1,652	\$59,472		\$59,472	
TOTALS				\$0.00	\$0	\$23.91	\$245,317	\$15.99	\$245,317	

21 FIRE SUPPRESSION										
21 10 00	Water-Based Fire-Suppression Systems									
21 13 00	Fire-Suppression Sprinkler Systems									
	Design	\$ 1,500.00	EA	1	\$1,500	1	\$1,500		\$3,000	
	Permit and Fees	\$ 0.35	SF	5,079	\$1,778	10,260	\$3,591		\$5,369	
	Fire Sprinklers, Shell Upright Heads	\$ 5.50	SF		\$0	7,714	\$42,427		\$42,427	
	Fire Sprinklers, TI	\$ 6.50	SF	5,079	\$33,014	2,546	\$16,549		\$49,563	
	Fire Sprinklers, Adjusting Heads	\$ 1.55	SF	5,079	\$7,872		\$0		\$7,872	
TOTALS				\$8.70	\$44,164	\$6.24	\$64,067	\$7.06	\$108,231	

22 PLUMBING										
22 05 00	Common Work Results for Plumbing									
22 05 05	Plumbing Demolition									
	Safe-Off	\$ 2,500.00	EA	1	\$2,500	1	\$2,500		\$5,000	
22 07 00	Plumbing Insulation									
22 07 00	Plumbing Insulation									
	Piping Insulation	\$ 2.50	SF	5,079	\$12,698	10,260	\$25,650		\$38,348	

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Golder Ranch Training & Maintenance Facility Upgrades

3835 E. Golder Ranch Drive

Tucson, Arizona 85739

Tucson, Arizona 85739				1		2		Total		Comments			
				Training Facility		Maintenance Facility							
22 10 00 Plumbing Piping													
22 11 16 Facility Water Distribution													
1" Water Line, Copper				\$	18.00	SF	5,079	\$91,422	10,260	\$184,680		\$276,102	
22 13 00 Facility Sanitary Sewerage													
Piping Waste & Vent, TI				\$	12.00	SF	5,079	\$60,948	10,260	\$123,120		\$184,068	
22 14 00 Facility Storm Drainage													
Trench Drains				\$	210.00	LF		\$0	60	\$12,600		\$12,600	
22 15 00 Compressed Air Systems													
Compressed Air Piping				\$	1.50	LF		\$0	10,260	\$15,390		\$15,390	
Compressed Air Compressor				\$	8,500.00	EA		\$0	1	\$8,500		\$8,500	
22 30 00 Plumbing Equipment													
22 33 00 Electric Domestic Water Heaters													
Domestic Water Heaters				\$	8,500.00	EA	1	\$8,500	1	\$8,500		\$17,000	
22 40 00 Plumbing Fixtures													
22 42 00 Commercial Plumbing Fixtures													
Watercloset, Floor				\$	1,950.00	EA	10	\$19,500	4	\$7,800		\$27,300	
Urinal				\$	1,750.00	EA	2	\$3,500	1	\$1,750		\$5,250	
Countertop Lavatory w/ Faucet				\$	1,650.00	EA	5	\$8,250	2	\$3,300		\$11,550	
Stainless Dbl Compartment Sink				\$	1,850.00	EA		\$0	1	\$1,850		\$1,850	
Wall Hung Lavatory with Faucet				\$	1,600.00	EA	1	\$1,600		\$0		\$1,600	
Wash Stations				\$	5,000.00	EA		\$0	1	\$5,000		\$5,000	
Shower				\$	6,850.00	EA	6	\$41,100	1	\$6,850		\$47,950	
Mop Basin				\$	1,600.00	EA	2	\$3,200	1	\$1,600		\$4,800	
Hose Bibb				\$	1,250.00	EA	1	\$1,250	4	\$5,000		\$6,250	
TOTALS							\$50.10	\$254,468	\$40.36	\$414,090	\$43.59	\$668,558	

23	HEATING, VENTILATING, AND AIR CONDITIONING									
23 05 00	Common Work Results for HVAC									
23 05 05	HVAC Demolition									
	Safe-Off	\$ 5,000.00	EA	1	\$5,000	1	\$5,000		\$10,000	
	Demolition	\$ 2.25	SF	5,079	\$11,428	2,546	\$5,729		\$17,157	
23 05 93	Testing, Adjusting, and Balancing									
	Test & Balance	\$ 2.50	SF	5,079	\$12,698	10,260	\$25,650		\$38,348	
23 07 00	HVAC Insulation									
23 07 13	HVAC Insulation									
	Insulation	\$ 0.65	SF	5,079	\$3,301	10,260	\$6,669		\$9,970	
23 09 00	Instrumentation and Control for HVAC									
23 09 00	Instrumentation and Control									
	Controls	\$ 2.00	SF	5,079	\$10,158	10,260	\$20,520		\$30,678	
23 10 00	Facility Fuel Systems									
23 11 00	Facility Fuel Piping									
	Natural Gas Piping & Space Heaters	\$ 1.00	SF	5,079	\$5,079	10,260	\$10,260		\$15,339	
23 20 00	HVAC Piping and Pumps									
23 22 00	Steam and Condensate Piping and Pumps									
	Condensate Piping	\$ 1.00	SF	5,079	\$5,079	10,260	\$10,260		\$15,339	
23 23 00	Refrigerant Piping									
	Refrigerant Piping	\$ 2.00	EA	5,079	\$10,158	10,260	\$20,520		\$30,678	
23 30 00	HVAC Air Distribution									
23 31 00	HVAC Ducts and Casings									
	Supply/Return Ductwork	\$ 6.00	SF	5,079	\$30,474	10,260	\$61,560		\$92,034	
23 34 00	HVAC Fans									
	Exhaust Fan (up to 400 CFM)	\$ 1,650.00	EA	12	\$19,800	5	\$8,250		\$28,050	
23 37 00	Air Outlets and Inlets									
	Diffusers & Registers	\$ 2.50	SF	5,079	\$12,698	10,260	\$25,650		\$38,348	
23 80 00	Decentralized HVAC Equipment									
23 81 00	Decentralized Unitary HVAC Equipment									
	2-ton Ductless Split System	\$ 9,250.00	EA	1	\$9,250		\$0		\$9,250	
23 82 00	Convection Heating and Cooling Units									
	DX DOAS Unit	\$ 12.00	SF	5,079	\$60,948		\$0		\$60,948	
TOTALS				\$38.60	\$196,071	\$19.50	\$200,068	\$25.83	\$396,139	

26	ELECTRICAL									
26 05 00	Common Work Results for Electrical									
26 05 05	Common Work Results for Electrical									
	Temporary Power & Lighting	\$ 7,500.00	LS	1	\$7,500	1	\$7,500		\$15,000	
26 05 05	Selective Demolition									
	Safe-Off	\$ 85.00	MH	40	\$3,400	40	\$3,400		\$6,800	
	GPR	\$ 4,500.00	EA	1	\$4,500	1	\$4,500		\$9,000	
26 20 00	Low-Voltage Electrical Distribution									
26 27 00	Low Voltage Distribution Equipment									
	Branch Power	\$ 7.50	SF	5,079	\$38,093	10,260	\$76,950		\$115,043	
	Mechanical Power	\$ 1.50	SF	5,079	\$7,619	10,260	\$15,390		\$23,009	
	Tele/Data Conduit Rough-in	\$ 2.00	SF	5,079	\$10,158	10,260	\$20,520		\$30,678	
26 30 00	Facility Generating and Storage Equipment									
26 32 00	Package Generator Assemblies									
	Generator Rework	\$ 1.00	SF		\$0	10,260	\$10,260		\$10,260	
26 50 00	Lighting									
26 51 00	Interior Lighting									
	Lighting and Controls	\$ 19.00	SF	5,079	\$96,501	4,012	\$76,228		\$172,729	
	Lighting Package, Tenant Improvement	\$ 12.00	SF	5,079	\$60,948	4,012	\$48,144		\$109,092	
	Maintenance Bay Lighting Replacement	\$ 3.00	SF		\$0	6,248	\$18,744		\$18,744	
26 52 00	Safety Lighting									
	Exit Lights	\$ 850.00	EA	7	\$5,950	5	\$4,250		\$10,200	
TOTALS				\$46.20	\$234,669	\$27.86	\$285,886	\$33.94	\$520,555	

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Conceptual Estimate 1.0.1

Golder Ranch Training & Maintenance Facility Upgrades

3835 E. Golder Ranch Drive

Tucson, Arizona 85739

	1	2	Total		Comments
	Training Facility	Maintenance Facility			
27 COMMUNICATIONS					
27 10 00 Structured Cabling					
27 13 00 Communications Backbone Cabling					
Communications Backbone	\$ 7,500.00	EA	\$0	1	\$7,500
27 15 00 Communications Horizontal Cabling					
Voice Data Cabling System	\$ 5.75	SF	5,079	\$29,204	4,012 \$23,069 \$52,273
27 40 00 Audio-Video Communications					
27 41 00 Audio-Video Systems					
Audio-Visual System, Mid Conference Rooms	\$ 35,000.00	EA	\$0	1	\$35,000
Audio-Visual System, Large Conference Rooms	\$ 55,000.00	EA	1	\$55,000	\$0 \$55,000
TOTALS	\$16.58		\$84,204	\$6.39	\$65,569 \$9.76 \$149,773

28 ELECTRONIC SAFETY AND SECURITY					
28 10 00 Access Control					
28 14 00 Access Control Systems					
Door Contacts	\$ 6,500.00	EA	3	\$19,500	5 \$32,500 \$52,000
28 30 00 Security Detection, Alarm and Monitoring					
28 31 00 Intrusion Detection					
Intrusion & Detection Alarm	\$ 2.50	SF	5,079	\$12,698	10,260 \$25,650 \$38,348
28 40 00 Life Safety					
28 46 00 Fire Detection and Alarm					
Fire Alarm System, TI	\$ 4.25	SF	5,079	\$21,586	4,012 \$17,051 \$38,637
Adjust Smoke Detectors to Heat Detectors	\$ 2.50	SF	5,079	\$12,698	\$0 \$12,698
TOTALS			\$13.09	\$66,482	\$7.33 \$75,201 \$9.24 \$141,683

32 EXTERIOR IMPROVEMENTS					
32 10 00 Bases, Ballasts, and Paving					
32 11 00 Base Coarses					
4" Aggregate Base Coarse	\$ 1.50	SF	\$0	1,395	\$2,093 \$2,093
32 12 00 Flexible Paving					
5" Asphalt Paving	\$ 6.00	SY	\$0	1,395	\$8,370 \$8,370
TOTALS			\$0.00	\$0	\$1.02 \$10,463 \$0.68 \$10,463

TOTAL DIRECT COSTS			\$1,749,712	\$2,468,949	\$4,218,661
INDIRECT COST					
Design Contingency	7.00%	LS	\$0	\$172,826	\$295,306
Contractors Contingency	5.00%	LS	\$87,486	\$123,447	\$210,933
General Liability Insurance	1.10%	LS	\$22,828	\$34,360	\$58,690
Builders Risk	0.35%	LS	\$7,264	\$10,933	\$18,674
Payment Performance Bond	1.21%	LS	\$25,111	\$37,796	\$62,907
Contractors Fee	5.00%	LS	\$103,766	\$156,181	\$266,771
SUB TOTAL			\$1,996,167	\$3,004,492	\$5,131,942
Arizona Privilege Tax	3.97%	LS	\$79,148	\$119,128	\$203,482
TOTAL CONSTRUCTION COST			\$409	\$2,075,315	\$304
				\$3,123,620	\$348
					\$5,335,424

CLARIFICATIONS



ANTICIPATED SCHEDULE



**Conceptual Estimate 1.1
Clarifications
Golder Ranch Fire Department
Maintenance & Training Facility
3845 East Golder Ranch Drive
Tucson, Arizona 85739**

Documents: Professional Development Expansion Tenant Improvement dated 07/31/2025 & Maintenance Facility Floor Plan A2.0 dated 08/19/25

Soils Report: None

Structural Calculations: Structural Calculations for Golder Ranch dated July 31, 2025

GENERAL CLARIFICATIONS

Inclusions:

1. A design contingency is included at 7% for the Maintenance Facility to address any unforeseen cost that may arise during the design phase to include material price fluctuations, unexpected site conditions, or design issues.
2. Contractor contingency is included at 5% to address any unexpected cost that may arise during the construction phase to include covering scope gap; missed scope; and correcting defective, damages or nonconforming work.
3. General Liability Insurance has been included at 1.10%.
4. Builder's Risk Insurance has been included at 0.35%.
5. Bond has been included at 1.21%
6. Arizona Privilege Tax is included at 3.97%.
7. A Notice to Proceed shall be issued on or before February 20, 2026, for a Construction Start date of March 2, 2026.
8. Work shall be completed during the hours from 7:00 AM to 4:30 PM, Monday through Friday.

Exclusions:

1. Concord suggests the owner carry a separate contingency from 5% to 10%.
2. Escalation to address material and labor price increases from today's rates till the start of construction has not been included.
3. Tap fees & utility company direct costs, to be paid by owner.
4. Trico design, wiring and installation costs. All Trico fees are by the owner.
5. All Easement descriptions and documents are the responsibility of the Owner.
6. Inspection fees, tap fees, agency fees, bonds, and special inspection charges.
7. Any variance application fees, and architectural / engineering filling fees.
8. Auto-CAD as-built drawings.
9. Moving furniture and cubicles.
10. Special system monitoring.
11. The utility service applications.
12. Permit and fees

DIVISION 1 - GENERAL REQUIREMENTS

Inclusions

General Requirement

1. The project staff shall include a part-time project coordinator, project manager, assistant project manager, and a full-time project superintendent.
2. A 10-yard dumpster shall be provided for miscellaneous construction trash and for rough-clean.
3. Temporary trailer for the duration of the project.
4. Temporary toilets and handwashing stations shall be place outside the building and adjacent to the building entrance.
5. Fire extinguishers shall be placed at strategic locations on the site.
6. As-built drawings shall be updated and submitted at the end of the project.
7. Site survey shall include layout of the ramp, underground electrical and as-built drawings.
8. Final clean of the building to include interior and exterior windows.
9. A temporary fence for laydown of materials and job site trailer.

Exclusions:

1. Trailer or temporary facilities for the owner and staff.
2. Site security and surveillance
3. Project signage

DIVISION 02 – EXISTING CONDITIONS

Inclusions

Demolition

1. Site demolition shall include removing asphalt paving and concrete paving in front of the Maintenance Facility.
2. Tenant improvement demolition shall include stage, stairs, handrail, casework, ceramic tile, acoustical ceilings, drywall partitions, drywall ceilings, flooring, doors, toilet accessories, plumbing, HVAC, and electrical.
3. Structural demolition shall include saw cut of slab on grade, removal of steel stairs, removal of exterior partitions, removal of siding and removal of overhead doors.
4. Legal hauling and disposal fees
5. NESHAP Permit

Facility Remediation

1. Remediation survey and asbestos abatement and remediation.

Exclusions:

1. Furniture, fixtures, and equipment removal from site.

DIVISION 03 – CONCRETE

Inclusions

Concrete

1. Spread footings with reinforcing bar have been figured as 4'-0" x 4'-0" x 12"
2. New slab on grade has been figured as a 4" thick with reinforcing bar
3. Concrete trench pour back have been figured for plumbing and electrical underground.
4. The slab on grade has been recessed at the shower locations.
5. The new stairs shall have concrete treads and landings.
6. The mezzanine shall have a concrete topping slab.
7. Exposed concrete floors shall be sealed.

Exclusions:

1. Epoxy.

DIVISION 05 – METALS

Inclusions

Structural & Miscellaneous Steel

1. The mezzanine structural steel has been figured at twelve pounds per square foot.
2. A composite steel floor deck as been figured at the mezzanine level.
3. Stairs to include handrail and engineering.
4. A guardrail shall be placed at the leading edge of the mezzanine level.

Exclusions:

1. Galvanized steel

DIVISION 06 – WOOD, PLASTICS, and COMPOSITES

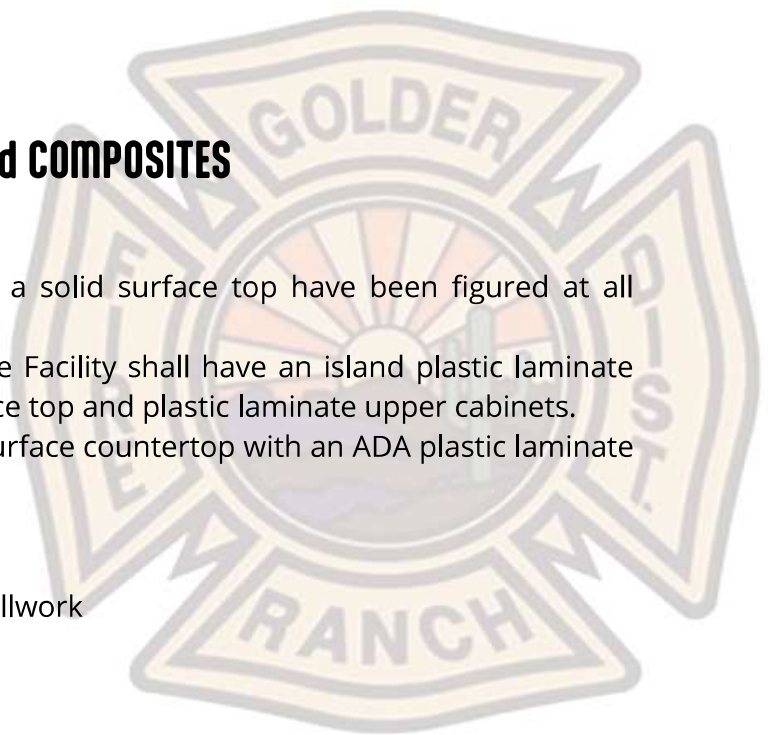
Inclusions

Millwork

1. Plastic laminate cabinets with a solid surface top have been figured at all Breakrooms.
2. Breakroom in the Maintenance Facility shall have an island plastic laminate base cabinet with a solid surface top and plastic laminate upper cabinets.
3. Restrooms shall have a solid surface countertop with an ADA plastic laminate apron.

Exclusions:

1. Under-cabinet lighting
2. Repair or refresh of existing millwork
3. Non-typical locks and pulls



DIVISION 07 – THERMAL AND MOISTURE PROTECTION

Inclusions

Damproofing and Waterproofing

1. A traffic coating has been figured at the Maintenance Facility bays.

Insulation

1. 3-5/8" metal stud framing interior partition shall include R-11 unfaced fiberglass batt insulation.
2. 6" metal stud framing interior partition shall include R-19 unfaced fiberglass batt insulation.

Roofing and Siding Panels

1. Corrugated wall panels shall be installed at the Training Facility expansion.

Sealants and Caulking

1. All existing and new wall and ceiling penetrations are to be sealed for new work
2. Exterior hollow metal door frames
3. Exterior windows
4. Overhead door perimeter

Exclusions:

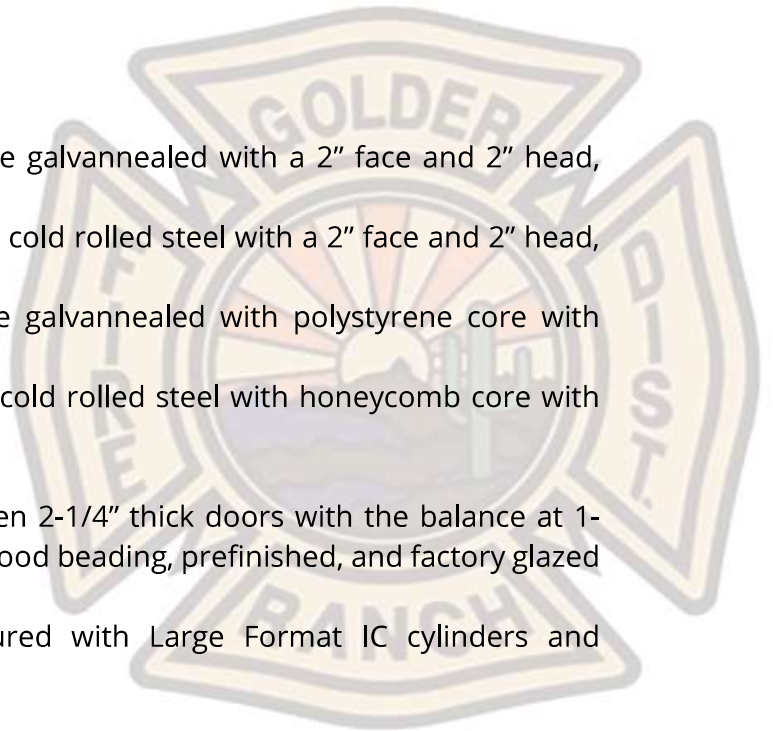
1. Fire caulking and safing
2. Mineral wool in stud walls as described in the gypsum wall board specification. See alternate pricing.
3. Repair of the existing roofing
4. Rigid insulation on curbs

DIVISION 08 – OPENINGS

Inclusions

Doors, Frames and Hardware

1. Exterior frames shall be 14-gauge galvanized with a 2" face and 2" head, equal rabbet and fully welded
2. Interior frames shall be 16-gauge cold rolled steel with a 2" face and 2" head, equal rabbet and fully welded.
3. Exterior doors shall be 16-gauge galvanized with polystyrene core with welded seamless edge.
4. Interior doors shall be 18-gauge cold rolled steel with honeycomb core with welded seamless edge.
5. All required vision kits.
6. Wood doors shall include fourteen 2-1/4" thick doors with the balance at 1-3/4" with vision kits, using flush wood beading, prefinished, and factory glazed with 1/4" clear tempered glass.
7. Door hardware have been figured with Large Format IC cylinders and construction cores.



Coiling Doors

1. 8x10 coiling service doors shall include an 18-guage galvanized steel slats with baked enamel finish with a manufacturer's standard color white, structural steel angle guides with a powder coat finish, bottom bar slide bolt lock, and manual reduced rive chain hoist.
2. 16x20 Insulated coiling service doors shall include a 24-guage galvanized steel slats with baked enamel finish with a manufacturer's standard color white, structural steel angle guides with a powder coat finish, polyurethane foam insulation R-8, 20 PSF wind load design, bottom bar slide bolt lock, and manual reduced rive chain hoist.

Glass & Glazing

1. Exterior storefront glazing shall be 1" Solarban 90 and clear insulated glass unites
2. Interior storefront shall be ¼" clear tempered glass

Exclusions:

1. Fire caulking and safing
2. Mineral wood in stud walls as described in the gypsum wall board specification. See alternate pricing.
3. STC rated door assemblies.
4. Window film.

DIVISION 09 – FINISHES

Inclusions

Gypsum Wall Board

1. 6" and 3-5/8" 20-Guage non-structural metal stud framing at 16" on center at all interior walls.
2. Backing and blocking shall be 18-gauge flat strapping
3. 5/8" Regular sheetrock at all walls and soffits
4. ½" Cement board at all shower locations
5. Square cornerbead
6. Tape and finish with a texture to match existing.

Ceramic Tile

1. Wall tile, floor tile, and coved base have been figured at \$15/sf.
2. A waterproofing membrane has been figured at the shower walls and floors.
3. A mortar bed with epoxy grout shall be provided at the showers.

Plaster

1. Exterior stucco shall be placed at all exterior ceilings.

Acoustical Ceilings

1. Acoustical ceiling tiles to be Armstrong 2'x4' Cortega Second Look II, 2767 with a white Prelude Suspension.

Flooring

1. All existing concrete areas to remain are to be buffed and ground as necessary to remove tape and residue and reseal.
2. Offices shall have a carpet tile at \$5.25/sf.
3. Rubber base shall be a Tarkett 1/8 with toe to match existing
4. Vinyl Composition Tile shall installed at all high traffic areas.

Painting

1. Interior painting shall include drywall walls, ceilings and soffits; hollow metal doors and frames; metal stairs and railings.
2. Exterior painting shall include bollards.

Exclusions:

1. Mineral wood in stud walls as described in the gypsum wall board specification. See alternate pricing.
2. STC rated door assemblies.
3. Major floor preparation
4. Staining wood doors and millwork
5. Painting of coiling doors
6. Painting of acoustical ceiling tile and grid

DIVISION 10 – SPECIALTIES

Inclusions

Information Specialties

1. Markerboards shall be provided in Offices and Conference Rooms.

Signage

1. Code related signage to include bathroom signage, office signage, stair signage and evacuation maps.

Toilet Partition

1. Backed enamel toilet partitions and urinal screens shall be provided at all gang bathrooms.

Toilet Accessories

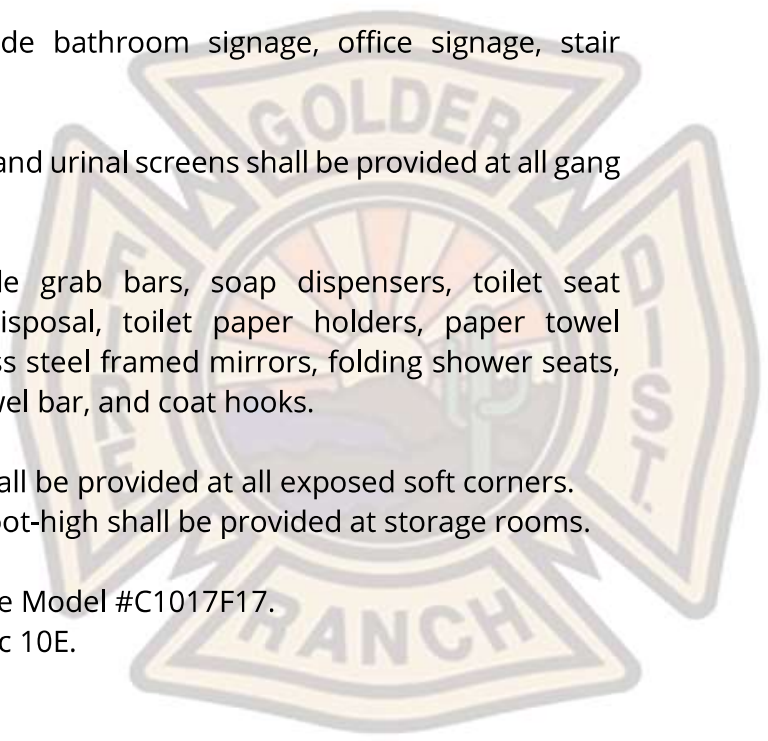
1. Toilet accessories shall include grab bars, soap dispensers, toilet seat dispensers, sanitary napkin disposal, toilet paper holders, paper towel dispenser and disposal, stainless steel framed mirrors, folding shower seats, shower curtain, shower rod, towel bar, and coat hooks.

Wall Protection

1. Stainless steel corner guards shall be provided at all exposed soft corners.
2. Fiber Reinforced Panels at six-foot-high shall be provided at storage rooms.

Fire Extinguisher and Cabinets

1. Fire extinguisher cabinet shall be Model #C1017F17.
2. Fire extinguisher shall be Cosmic 10E.



Lockers

1. Metal lockers by Art Metal Products shall be a 12" wide by 18" deep by 2' H standard KD Locker, 2-Tier to include knock-down construction, 25-guage solid body, 16-gauge louvered door, multipoint latching, continuous sloped top, continuous hinge, 4" high Z-Base, boxed end panels at exposed ends, and a common color body parts with a Parchment color.

Exclusions:

1. Signage permit procurement

DIVISION 11 – EQUIPMENT

Inclusions

Residential Appliances

1. Residential appliances shall include refrigerator, microwave ovens, stoves, dishwasher and disposal for the Maintenance Facility.

Exclusions:

1. Residential appliances at the Training Facility.

DIVISION 12 – FURNISHINGS

Inclusions

Multiple Fixed Seating

1. Fixed tables and chairs have been figured in the auditorium of the Training Facility.

Exclusions:

1. Loose furnishings, not permanently attached, shall be furnished and installed by the Owner.
2. Shelving shall be furnished and installed by the Owner.

DIVISION 13 – SPECIAL CONSTRUCTION

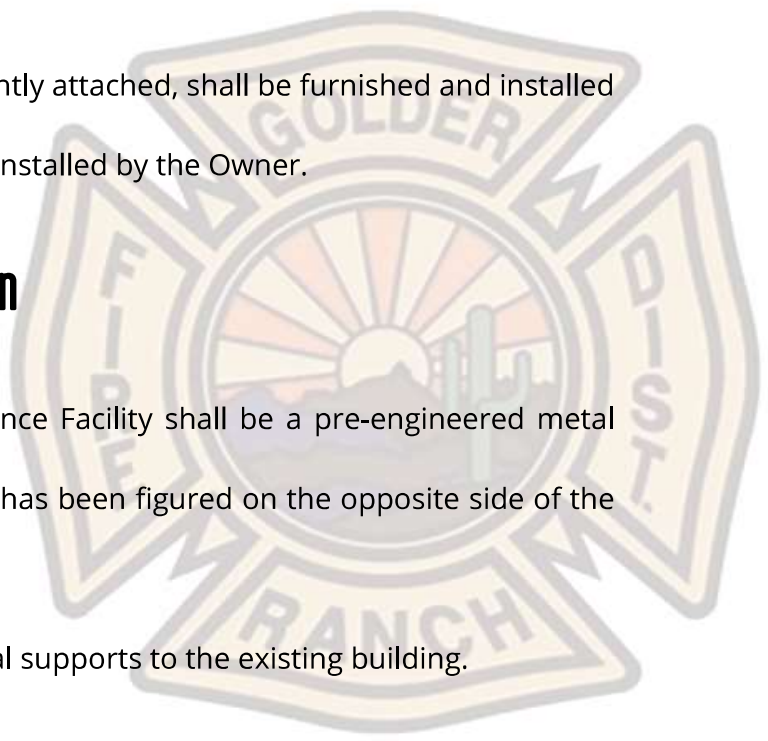
Inclusions

Fabricated Engineered Structures

1. The expansion of the Maintenance Facility shall be a pre-engineered metal building.
2. A pre-engineered metal canopy has been figured on the opposite side of the Maintenance Facility Building.
3. Design and permitting

Exclusions:

1. Upgrades or additional structural supports to the existing building.



DIVISION 21 – FIRE SUPPRESSION

Inclusions

Fire Protection

1. Design per NFPA 13 Standards and comply with local AHJ requirements.
2. Hydraulic calculations
3. Submit to State Fire Marshall's office for permits
4. Existing mains and branch line outlets are to relocate and add sprinklers.
5. 200-Degree brass upright sprinklers shall be provided in exposed structure areas that have turned up from the existing branch lines.
6. Flex head type sprinklers shall be provided in areas with ceilings and shall be semi-recessed 115-degree quick response with chrome escutcheons and located ¼ center of the ceiling tiles.
7. All materials shall be UL listed for fire protection and installed per NFPA 13.
8. Threaded piping shall be Schedule 40.
9. Seamless Schedule 40 pipes shall be for the gas systems with 300 lb. fittings.
10. Verify hydrant flow information with the water and fire department as required.
11. System to be a hydrostatic of 200-pound pressure test at rough-in.

Exclusions:

1. Alarms and releasing panel.
2. Fire Pump
3. Make safe and fire watch
4. Gas systems
5. ESFR or CMSA and SMDA sprinklers for elections warehouse
6. Custom colors for concealed head covers
7. Seismic bracing
8. Repair or replacement of existing sprinkler to remain.

DIVISION 22 – PLUMBING

Inclusions

Plumbing

1. Plumbing demolition and safe-off.
2. Waste and vent connecting to existing
3. Waste and vent piping shall be PVC DWV plastic pipe and fittings
4. Excavation, backfill and compaction for our new underground waste
5. Cold & hot water connecting to existing
6. Indirect drains
7. Condensate piping shall be copper pipe and fittings
8. Insulation of new hot water and condensate piping
9. Domestic water chlorination
10. Adjust existing plumbing for new plumbing fixtures
11. Condensate pump



12. Plumbing fixtures

Exclusions:

1. Repair of existing plumbing systems and remaining fixtures.
2. Seismic restraints
3. Hard digging
4. Firestopping
5. Cast iron pipe and fittings
6. Testing of exiting plumbing
7. New or repair of existing insulation
8. Sanitary and waste camera inspection
9. Hydro jetting, rodding, or cleaning of sanitary waste piping.

DIVISION 23 – HVAC

Inclusions

HVAC

1. Demolition of mechanical units, all associated ductwork and air devices.
2. New DX DOAS unit and air distribution system to provide air conditioning to the Locker Room Area.
3. New 2-ton ductless split system to supplement the capacity in the EMS/PPE storage room.
4. New supply air devices, retrain air devices, and exhaust air devices to include acoustical branch ducts.
5. New ceiling mounted exhaust fans ducted to exterior wall discharge louvers.
6. New dryer vent duct to exterior wall discharge hood.
7. Relocate one (1) existing thermostat.
8. Perform a full-service tune-up and provide a deficiency report for existing package units, MAU unit and exhaust fan.
9. Start-up work
10. Certified test and balance report.

HVAC for Maintenance Facility

1. Demolition of mechanical units, all associated ductwork and air devices.
2. Perform a full-service tune-up and provide a deficiency report for existing package units, and exhaust fan for the office area.
3. Provide and install new swamp coolers for the maintenance bays
4. New supply air devices, retrain air devices, and exhaust air devices to include acoustical branch ducts.
5. New ceiling mounted exhaust fans ducted to exterior wall discharge louvers.
6. Relocate one (1) existing thermostat.
7. Start-up work
8. Certified test and balance report.

Exclusions:

1. Repair of existing HVAC systems and equipment to remain.
2. Re-balancing existing rooftop package units.

DIVISION 26 – ELECTRICAL

Inclusions

Electrical

1. Provide and install all necessary breakers. Reused existing service, panels boards, and gear.
2. Lighting package from RC Luries to include controls. Installation include MC cable in enclosed areas and EMT and square boxes as J-box.
3. Lighting in maintenance bays shall be replaced.
4. Provide and install galvanized four square box at walls for electrical devices. This shall include square box, mud ring, and ground for receptacles and J-boxes; line sensor switch, or low voltage sensor switch will be with conduit stub up as raceway.
5. Raceways for special systems to include telecommunication, fire alarm and security. Telecommunication will have four square box and 1" conduit stub up. Fire alarm will be 2/4" stub up with four square back box.
6. MC wire and EMT conduits shall be used for building lighting. ¾" EMT and four-square boxes and MC 12/2-12/3 and connectors from J-Box to light fixture.
7. Perform a full-service tune-up and provide a deficiency report for existing generator.
8. Mechanical disconnects.
9. Floor boxes shall be type Legrand with wire mold 880S1 and brass cover. 5020R Receptacle white on each floor outlet as noted.

Exclusions:

1. Repair of existing electrical not meeting code.
2. Reuse existing gear package
3. City permit cost
4. Core drilling and patching
5. Traffic Control
6. Primary power
7. Existing conductors and wire to remain.

DIVISION 27 – COMMUNICATIONS

Inclusions

Structured Cabling

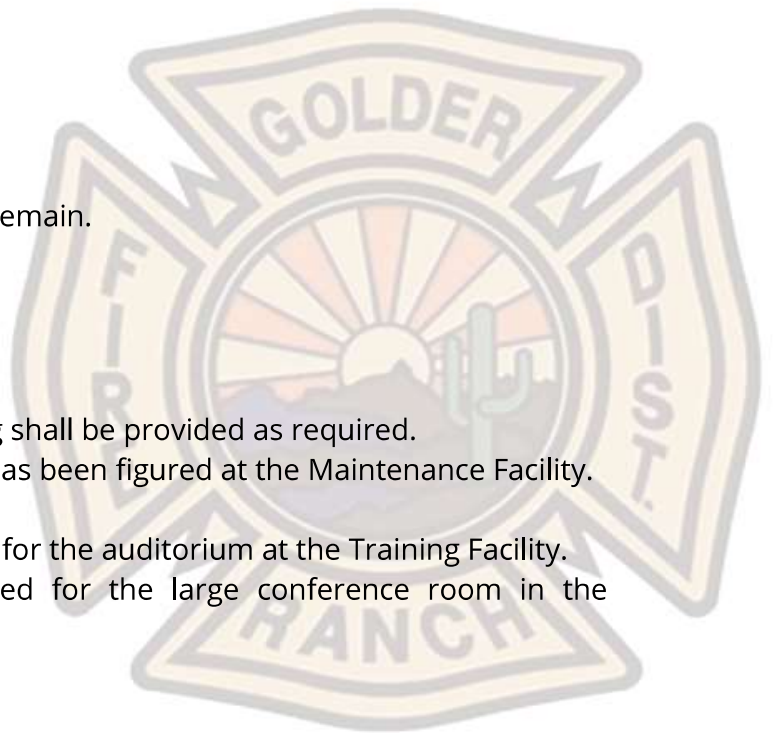
1. Communication and data cabling shall be provided as required.
2. New communication backbone has been figured at the Maintenance Facility.

Audio-Visual

1. An allowance has been provided for the auditorium at the Training Facility.
2. An allowance has been provided for the large conference room in the Maintenance Facility.

Exclusions:

1. Master clock system



DIVISION 28 – ELECTRONIC SAFETY AND SECURITY

Inclusions

Access Control

1. Access control has been provided at all exterior doors.

Intrusion Detection

1. An allowance has been provided for the intrusion and detection alarm system.

Fire Detection and Alarm

1. Renovations shall have all smoke detectors changed out to heat detectors during construction.
2. Fire alarm system shall be renovated for the new rooms.

Exclusions:

1. CCTV and cameras.

DIVISION 31 – EARTHWORK

Inclusions

EARTHWORK

1. Over-excavation and compaction of existing materials to a depth of two feet below the slab on grade.
2. Import of soil.

Termite Treatment

1. Termite treatment at the new slab on grade.

Exclusions:

2. Treatment of the entire building.

DIVISION 32 – EXTERIOR IMPROVEMENTS

Inclusions

Asphalt

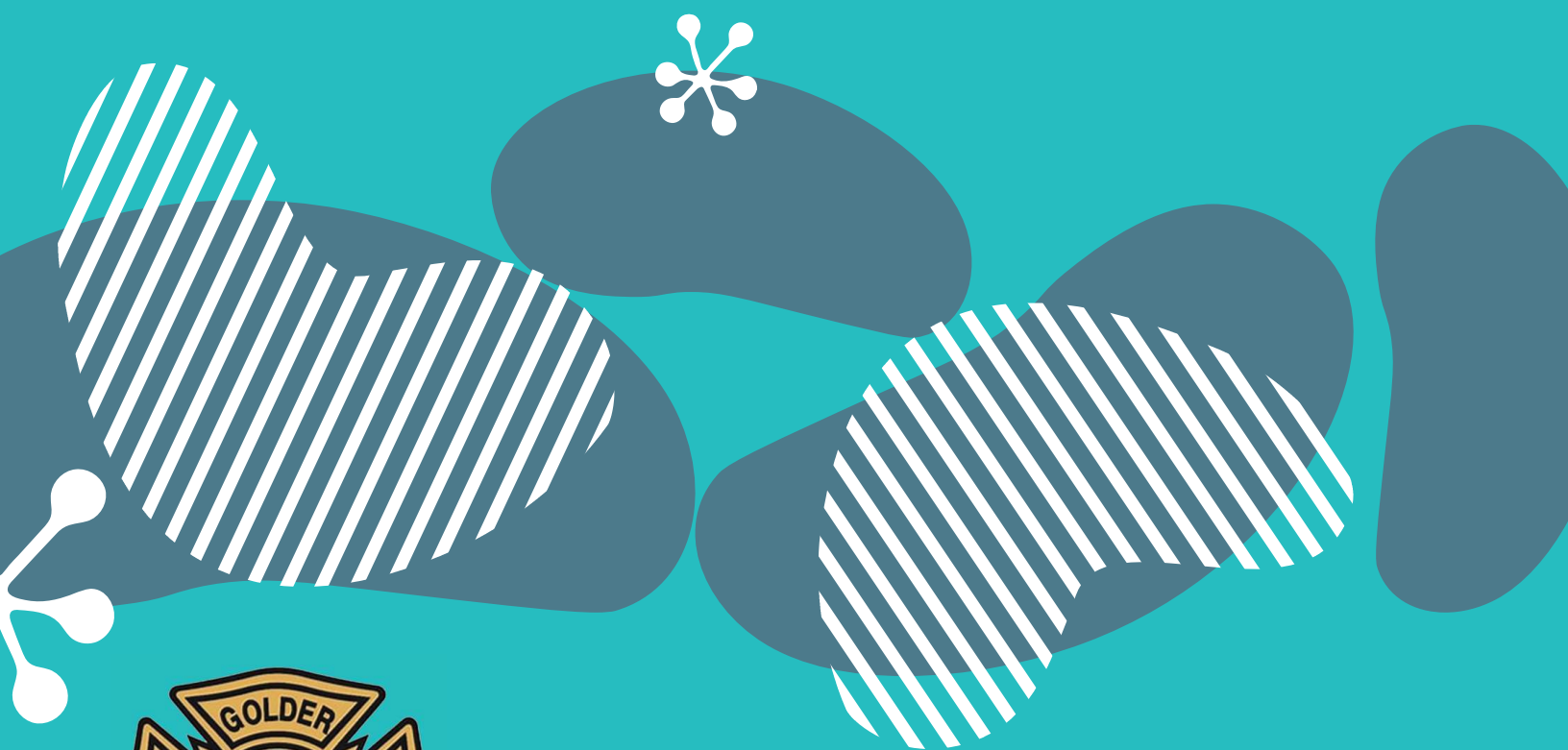
1. Asphalt repair shall be a 5" paving over a 4" aggregate base coarse to a perimeter of 5' outside the slab on grade.

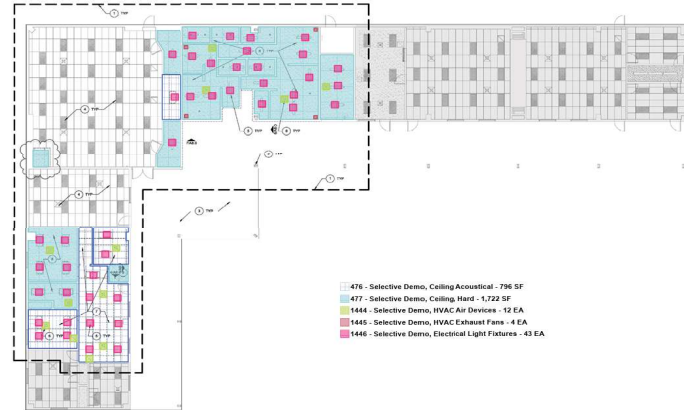
Exclusions:

1. Site Concrete



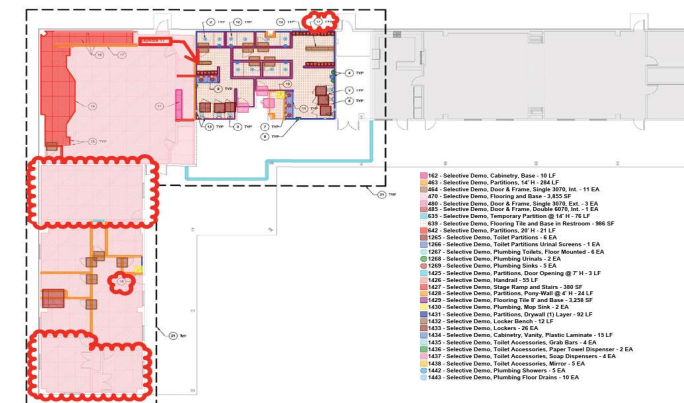
TAKEOFFS





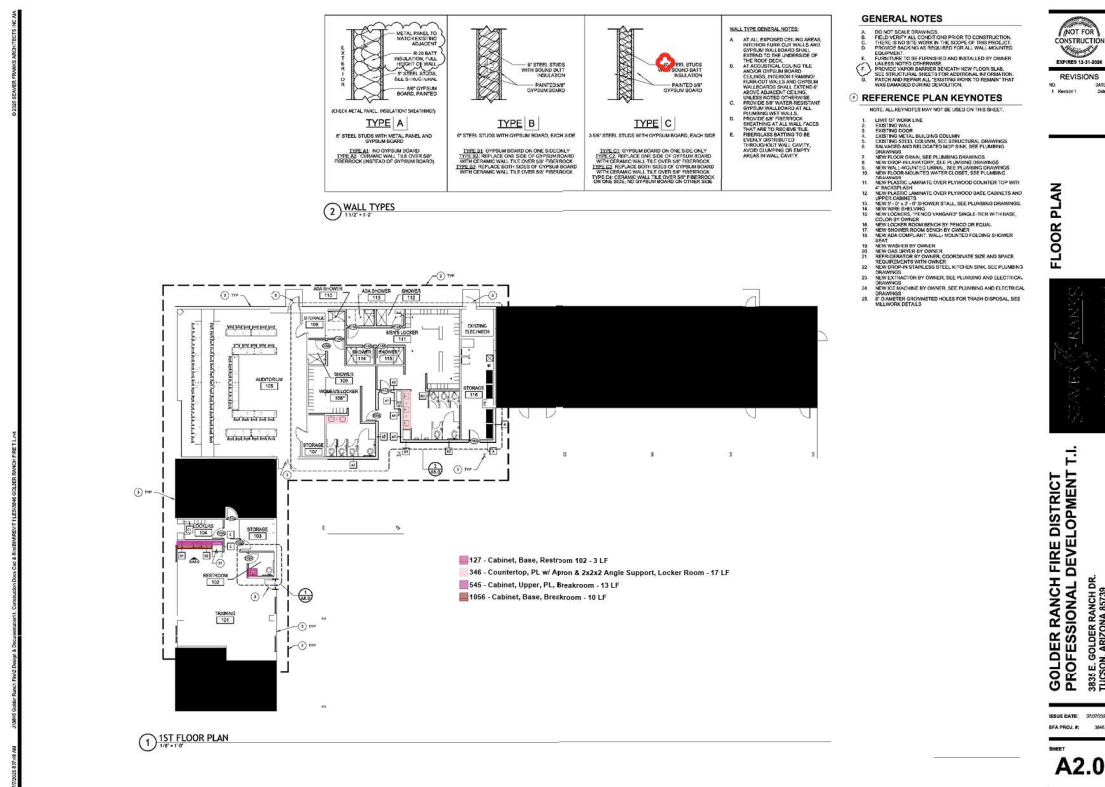
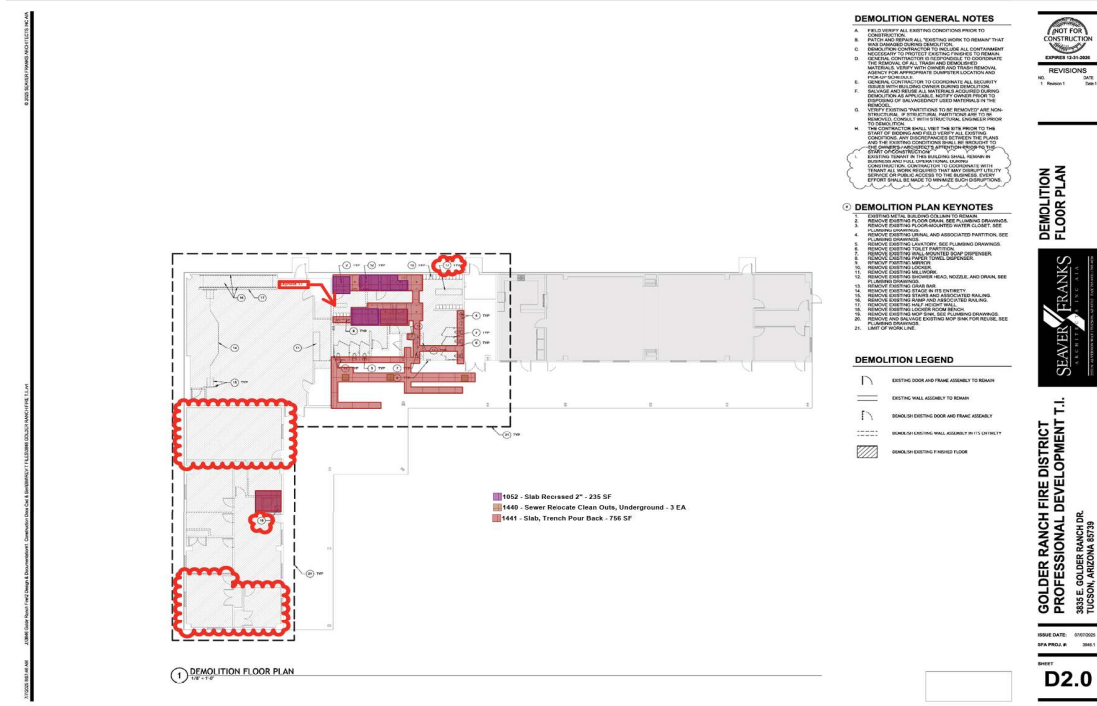
1 DEMOLITION REFLECTED CEILING PLAN
1/8" = 1'-0"

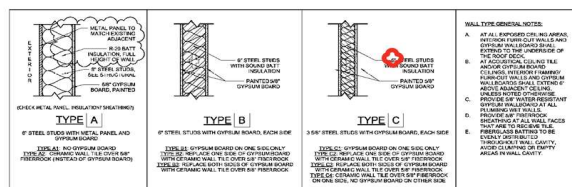
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1 DEMOLITION FLOOR PLAN
1/8" = 1'-0"

- SHEET
D2.0





② WALL TYPES



1 1ST FLOOR PLAN
1/8" = 1'-0"

- 514 - Door, Int, 3070, WD Door & HM Frame, Painted - 4 EA
- 1415 - Door, Ext, 3070, HM Door Flush & HM Frame, Closer, Painted - 3 EA
- 1471 - Door, Int, 3070, PL Door & HM Frame, Painted - 6 EA

GENERAL NOTES

- [illegible]

REFERENCE PLAN KEYNOTES

- NOTE: ALL KEYNOTES MAY NOT BE USED ON THIS SHEET.
- | | |
|----|-------------------|
| 1 | LAST OF WORK LINE |
| 2 | EXISTING DRAIN |
| 3 | EXISTING DRAIN |
| 4 | EXISTING DRAIN |
| 5 | EXISTING DRAIN |
| 6 | EXISTING DRAIN |
| 7 | EXISTING DRAIN |
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| 25 | EXISTING DRAIN |



FLOOR PLAN

**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**

3835 E. GOLDR RANCH DR.
TUCSON, ARIZONA 85739

A2.0

GENERAL NOTES

- A. DO NOT SCALE DRAWINGS.
B. FIELD VERIFY ALL CONDITIONS PRIOR TO CONSTRUCTION.
C. ALL EXPOSED STEEL TO BE PAINTED.
D. COORDINATE ALL WORK BETWEEN TRADES. CONFLICTS SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT AND CONTRACTOR PRIOR TO THE IMPLEMENTATION OF WORK.

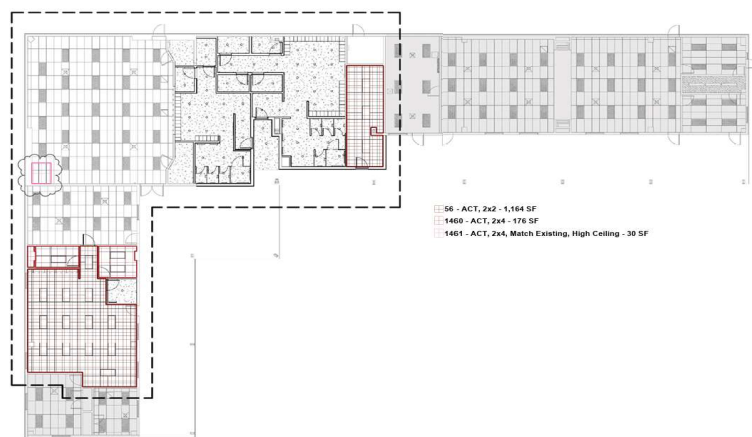
© CEILING PLAN KEYNOTES

REFLECTED
CEILING PLAN

**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**

3835 E. GOLDER RANCH DR.
TUCSON ARIZONA 85720

A3.0



1 1ST FLOOR PLAN
1/8" = 1'-0"

- ☐ 56 - ACT, 2x2 - 1,164 SF
- ☐ 1460 - ACT, 2x4 - 176 SF
- ☐ 1461 - ACT, 2x4, Match Existing, High Ceiling - 30 SF

GENERAL NOTES

- A. DO NOT SCALE DRAWINGS.
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D. COORDINATE ALL WORK BETWEEN TRADES. CONFLICTS SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT AND CONTRACTOR PRIOR TO THE IMPLEMENTATION OF WORK.

© CEILING PLAN KEYNOTES

REFLECTED
CEILING PLAN

**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**

3835 E. GOLDER RANCH DR.
TUCSON ARIZONA 85720

A3.0

GENERAL NOTES

- DO NOT SCALE DRAWINGS.
- FIELD VERIFY ALL CONDITIONS PRIOR TO CONSTRUCTION.
- ALL EXISTING WALLS TO BE PAINTED.
- COORDINATE ALL WORK WITH OTHER TRADES, CONTRACTORS, AND SUBS PRIOR TO THE INITIATION OF WORK.
- WALLS BE REMOVED TO THE EXTENSION OF THE ARCHITECT AND CONTRACTOR PRIOR TO THE INITIATION OF WORK.

CEILING PLAN KEYNOTES

- 1.



REVISIONS
1. Revision 1 Date 1

REFLECTED
CEILING PLAN



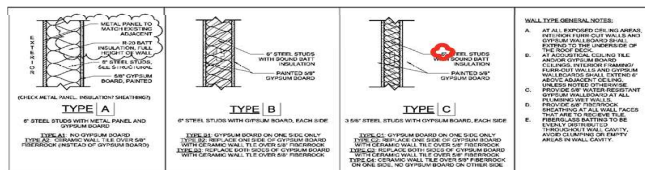
**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**
3834 E. GOLDER RANCH DR.
TUCSON, ARIZONA 85739

ISSUE DATE: 07/07/2025
SHEET NO. 206/1

A3.0



1 1ST FLOOR PLAN
10-1-19



2 WALL TYPES
10-1-19

GENERAL NOTES

- DO NOT SCALE DRAWINGS.
- FIELD VERIFY ALL CONDITIONS PRIOR TO CONSTRUCTION.
- ALL EXISTING WALLS TO BE PAINTED.
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- WALLS BE REMOVED TO THE EXTENSION OF THE ARCHITECT AND CONTRACTOR PRIOR TO THE INITIATION OF WORK.

REFERENCE PLAN KEYNOTES

1. LAYOUT OF WALLS.
2. EXISTING WALLS.
3. EXISTING DOORS.
4. EXISTING WINDOWS.
5. EXISTING PARTITIONS.
6. EXISTING PARTITIONS.
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29. EXISTING PARTITIONS.
30. EXISTING PARTITIONS.



REVISIONS
1. Revision 1 Date 1

FLOOR PLAN



**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**
3834 E. GOLDER RANCH DR.
TUCSON, ARIZONA 85739

ISSUE DATE: 07/07/2025
SHEET NO. 206/1

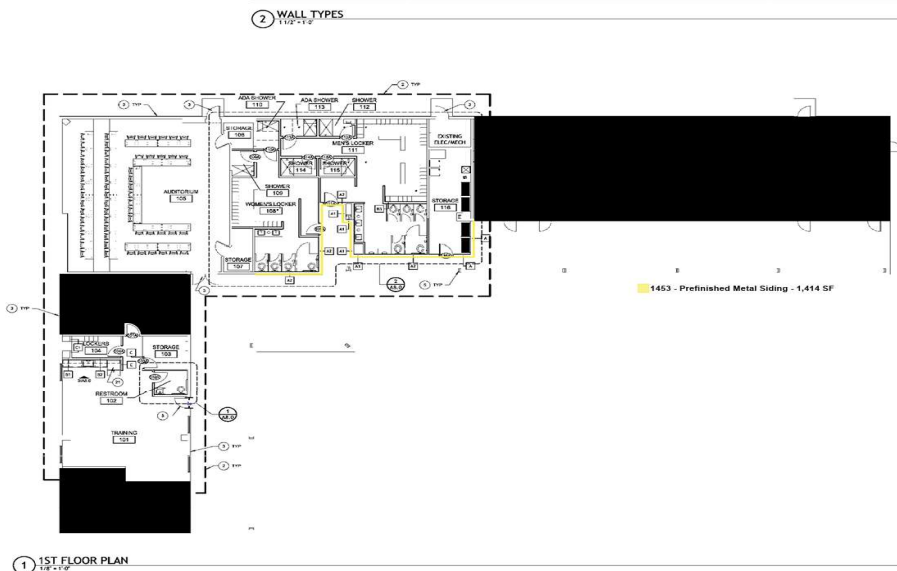
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1 1ST FLOOR PLAN
10-1-19



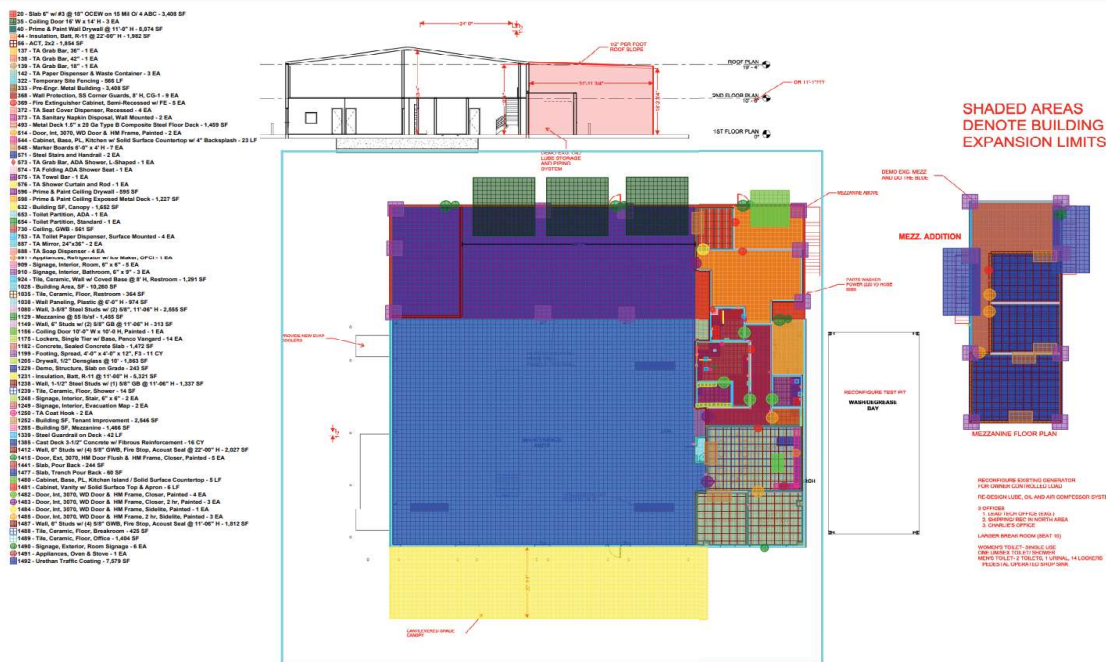
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FLOOR PLAN

**GOLDER RANCH FIRE DISTRICT
PROFESSIONAL DEVELOPMENT T.I.**

ISSUE DATE: 07/27/2012
SFA PROJ. #: 3M
SHEET
A2.0




 EXPIRES 12-31-2026
 REVISIONS

FLOOR PLAN

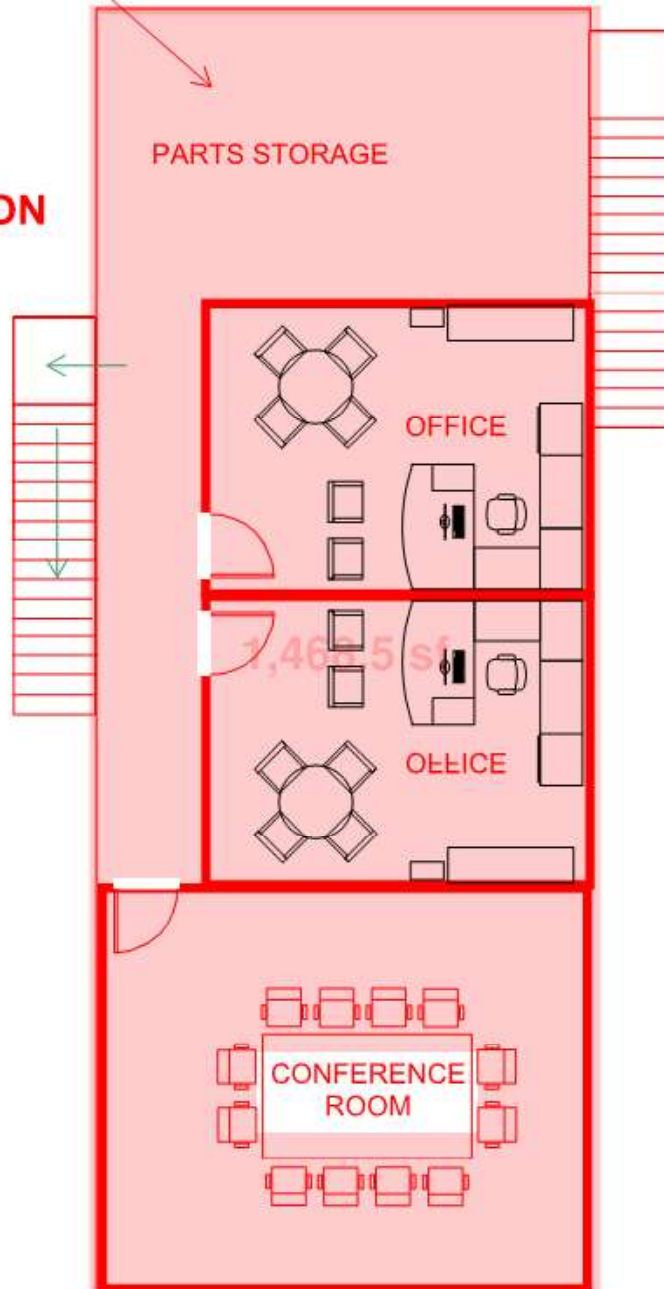
Project Name

ISSUE DATE: 10/06/2000
DPA PROJ. #: 0000000000
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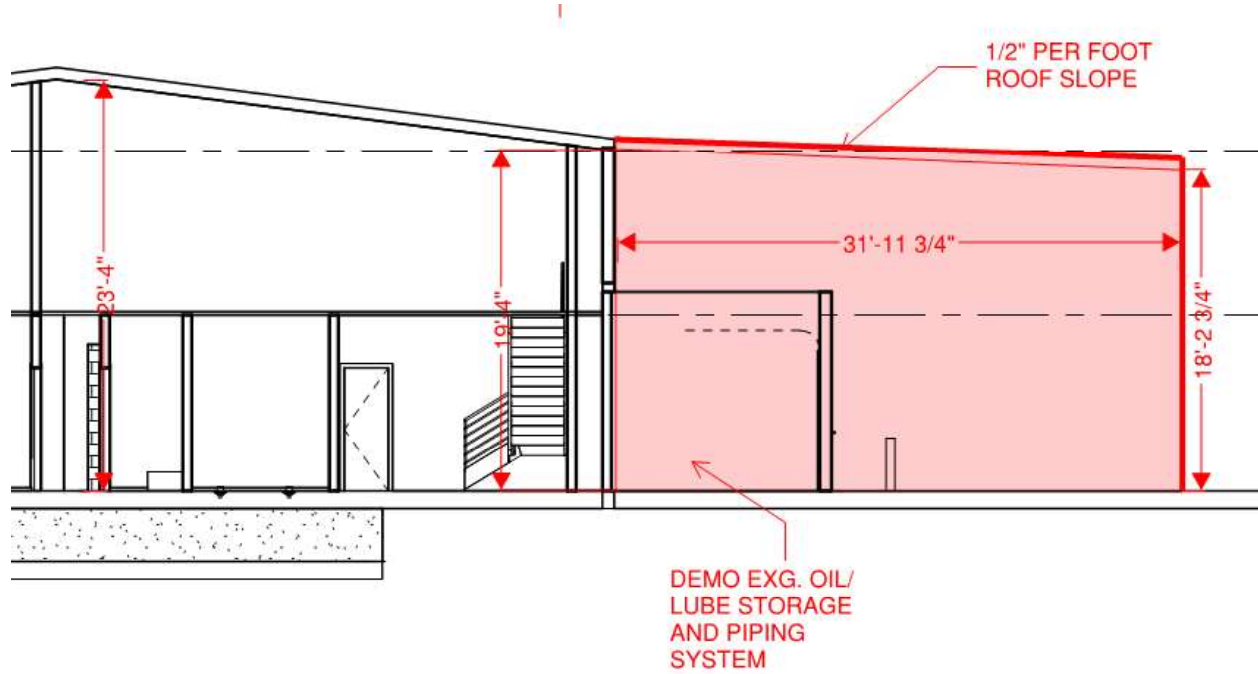


DEMO EXG. MEZZ
AND REBUILD NEW

MEZZ. ADDITION



MEZZANINE FLOOR PLAN





GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Dave Christian, Finance Director

MTG. DATE: October 21, 2025

SUBJECT: DISCUSSION AND POSSIBLE ACTION REGARDING THE GOLDER RANCH FIRE DISTRICT RECONCILIATION AND MONTHLY FINANCIAL REPORT

ITEM #: 8C

REQUIRED ACTION: ☐ Discussion Only ☒ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☒ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

Presented are the monthly financial reports and cash reconciliation.

RECOMMENDED MOTION

Motion to approve and accept the Golder Ranch Fire District reconciliation and monthly financial report as presented.

Golder Ranch Fire District
Summary Budget Comparison - SUMMARY BUDGET TO ACTUAL **BOARD PACKET**
From 9/1/2025 Through 9/30/2025

Account Code	Account Title	Current Period Actual	Current Period Budget	Current Period Budget Variance - Original	YTD Actual	YTD Budget	YTD Budget Variance - Original
5000	Labor/Benefits/Employee Development	2,785,320.18	2,947,143.41	161,823.23	9,170,585.18	9,339,333.23	168,748.05
6000	Supplies/Consumables	54,511.00	117,703.33	63,192.33	265,253.26	447,168.99	181,915.73
6500	Vehicle / Equipment Expense	112,499.43	85,196.39	(27,303.04)	261,293.68	597,239.17	335,945.49
6750	Utilities / Communications	49,390.06	44,998.33	(4,391.73)	149,330.77	136,794.66	(12,536.11)
7000	Professional Services	44,625.26	142,594.32	97,969.06	140,549.69	594,617.96	454,068.27
7500	Dues/Subscriptions/Maint. Fees	10,245.80	64,647.97	54,402.17	115,908.86	295,237.24	179,328.38
7750	Insurance	54,420.00	0.00	(54,420.00)	66,375.00	73,800.00	7,425.00
8000	Repairs / Maintenance	17,862.47	56,866.00	39,003.53	52,945.45	191,873.00	138,927.55
9000	Debt Service	22,364.03	55,401.73	33,037.70	469,945.07	601,323.19	131,378.12
9500	Capital Outlay	25,551.14	240,833.34	215,282.20	445,036.38	643,520.02	198,483.64
Report Difference		(3,176,789.37)	(3,755,384.82)	578,595.45	(11,137,223.34)	(12,920,907.46)	1,783,684.12



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Shannon Ortiz, Board Services Supervisor

MTG. DATE: October 21, 2025

SUBJECT: FUTURE AGENDA ITEMS

ITEM #: 9

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This agenda item allows an individual Governing Board member to recommend item(s) to go on future agendas.

Pursuant to A.R.S. §38-431.2(H), the Board will not discuss the items(s) at this time because it would be a violation of the Open Meeting Laws and no voting action will be taken on the recommended item.

RECOMMENDED MOTION

No motion is necessary for this agenda item.



GOLDER RANCH FIRE DISTRICT BOARD COMMUNICATION MEMORANDUM

TO: Governing Board

FROM: Shannon Ortiz, Board Services Supervisor

MTG. DATE: October 21, 2025

SUBJECT: Call to the Public

ITEM #: 10

REQUIRED ACTION: ☒ Discussion Only ☐ Formal Motion ☐ Resolution

RECOMMENDED ACTION: ☐ Approve ☐ Conditional Approval ☐ Deny

SUPPORTED BY: ☒ Staff ☒ Fire Chief ☐ Legal Review

BACKGROUND

This is the time for the public to comment. Members of the Board may not discuss items that are not on the agenda. The Board is not permitted to discuss or take action on any item raised in the Call to the Public, which are not on the agenda due to restrictions of the Open Meeting Law; however, individual members of the Board are permitted to respond to criticism directed to them. Otherwise, the Board may direct staff to review the matter or that the matter be placed on a future agenda.

RECOMMENDED MOTION

No motion is necessary for this agenda item.