TOWN OF HARRISON COMPTROLLER'S OFFICE

TO:

RICHARD DIONISIO, SUPERVISOR AND MEMBERS OF THE TOWN BOARD

FROM: MAUREEN MACKENZIE, COMPTROLLER,

RE:

TOWN BOARD MEETING OF NOVEMBER 29, 2023

DATE:

NOVEMBER 20, 2023

The following requires a Town Board resolution:

To approve the annual contract with PinnacleCare. PinnacleCare is a patient advocate and health navigation service that helps families obtain access to a better healthcare experience.

The fee for this service is currently being paid by our benefits advisor Alera Group, so there is no fee being paid by Harrison for this service.

The contract has been reviewed by the Law Department and has been found to be in order.

Kindly authorize the Supervisor to execute said contract.

Respectfully submitted.



PinnacleCare Service Agreement

employer name;			Federal lex ID number	
Town of Herrison		<u> </u>	, ,	. 1
Street Vddrees	City		State	Zip cod
—— <u>i Heinoman Place</u>	Harrison NY 10		10528-	
Employer phone number - <u>914-670-3067</u>				
Name of Human Resources / Employee Benefits co	nlaci	Tille of conte	ıol	· · · · · · · · · · · · · · · · · · ·
- Deb Scocchera	Hun		nan Resources	
Contact phone number	E-mall eddress			
914	d-scocchera@harrison-ny.gov			
Laure Lively EY TERMS				
And the state of t	Oclober	1, 2022		
EY TERMS	Oclober			
Effective date (the "Effective Date") (mm/dd/yyyy):		18		
EY TERMS Effective date (the "Effective Date") (mm/dd/yyyy): Agreement term:	12 mont	18		
EY TERMS Effective date (the "Effective Date") (mm/dd/yyyy): Agreement term: Base fee:	12 mont	is EPM		

A \$2,500 case savings rate will be applied to all cases resulting in an access or treatment outcome. An access or treatment outcome relates directly to services that allow Members to have better or more timely access to healthcare expertise. The access or treatment case savings rate is derived from clinical research studies that detail savings from care provided by top specialists and medical centers, expedited access to care, and productivity savings attributable to those utilizing services. Access or treatment outcomes includes:

- Expedited Consultation
 Facilitated Access
 Delivered Expert Physician Opinion
 Provided Expert Referral
 Transferred Care to COE

- Transferred Care to Expert

Addendum B -- RETURN ON INVESTMENT PERFORMANCE GUARANTEE

To be eligible for the Performance Quarantee you must have a minimum of 1,000 employees eligible to receive Services under the Agreement as of the Effective Date.

Subject to a minimum utilization rate of 1.0% (exclusive of benefits navigation and bili resolve cases), PinnacleCare will guarantee that the total calculated cost savings will yield overall savings of a minimum of 1:1 of the fees paid over 36 consecutive months of service.

If the 1:1 savings guarantee is not met, then at the end of your 36 consecutive mohits of service, we shall credit (or refund) you an amount equal to the difference between actual tees paid and the savings amount realized over the continuous service period. PinnacleCare shall determine whether a Performance Guarantee is payable, and its determination shall be final and conclusive.

To qualify for the Performance Guarantee you must:

- Maintain the PinnacleCare service for 36 consecutive months from your initial Effective Date;
- Provide eligibility files on the schedule agreed upon during the implementation process; and
- Distribute PinnacieCare employee engagement communications at least once per quarter (outside of initial welcome communications) during the 36 consecutive months of service, as outlined in Section 9 of the Agreement.

A \$13,000 case savings rate will be applied to all cases resulting in a significant treatment outcome. A significant treatment outcome relates directly to a change in care and/or cost avoidance savings. The value of the significant treatment outcome case savings is derived from an analysis of Pinnacle Care's outcome data across its book of business and an external cost avoidance review. Significant treatment outcomes with a \$13,000 case savings rate includes:

- Avoided Surgery
- Avoided Unnecessary Testing
- Change in Diagnosis
- · Change in Diagnostic Strategy
- Change in Surgery
- Change in Treatment
- Confirmation of Diagnosis / Treatment

Addendum A - SCHEDULE OF SERVICES

If an Eligible Member needs a Service during the term of this Agreement, the following services are available to the Eligible Member on an unlimited basis with any specific Service heing provided at the discretion of the Pinnacle Care medical team: Expert Medical Opinion, Treatment Decision Support, and Provider Search and Matching.

Advisory Support Services include, but are not limited to, the full scope of advisory support which may include medical record collection, review and transfer of medical records, medical research report; physician referral report; decision support including providing recommendations on next steps; appointment facilitation, remote written expert second opinions, and virtual consultations via a remote video/telephonic consult.

Benefit Navigation includes, but is not limited to, educating Eligible Members on the PlanucleCare benefits available to the Eligible Member and how and when to access them. In addition, PinnacleCare will refer Eligible Members to existing vendor partners where appropriate.

If we determine that an Eligible Member's circumstance is not suitable for the above services, we will inform the Eligible Member of other options outside of PinnacleCare which may include:

- Helping educate the Eligible Member on other resources available to the Eligible Member through the Eligible Member's benefits of which he or she may be unaware.
- Providing education on options for the Eligible Member's circumstances.
- Sending information on helpful websites, literature, and other resources.

Extended Care (buy-up option)
PinnacleCare will provide Advisory Support Services to the parents, parents-in-law, and adult ohlidren over 26 of employees entitled to receive PinnacleCare services under this Agreement.

Bill Resolve (buy-up option)
PinnacleCare will provide Eligible Members with medical bills greater than \$800 with insurance bill negoliation assistance which includes reviewing charges billed to the Eligible Member by healthcare facilities, physicians and other health care providers, with the purpose of negotialing a reduction in the cost of the treatment or extending amounts due over a longer period of time.

PO Box 219847

Phone: 410-752-1712

Kansas City, MO 64121

Pinnactedure is a member of the Sun Life family of companies. Pinnactedure and its emplayees do not diagnose medical conditions, recommend Healthand options of provide medical care, and any information of services provided should not be considered medical advice. Any medical decisions slicuid be made only efter consulted with and at the discellent of your medical provider. Any person of early who provides health care services following a referral curve provided does so independently and not as an agent or representative of PinnacteGare.

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- (b) Our failure to enforce, at any time, any of the provisions, conditions or requirements of this Agreement, or the failure to require, at any time, performance by you of any of the provisions of this Agreement, will in no way be construed to be a present or future waiver of such provisions, nor in any way affect our ability to enforce each and every such provision thereafter. Any and all waivers by us of any provision, condition or requirement of the terms of this Agreement shall only be effective against us if such waiver is in writing signed by an authorized officer of PinnacleCare, and any such written waiver will not constitute a waiver of any future obligation to comply with such provision, condition or requirement.
- (o) This Agreement constitutes the entire agreement between you and us and supersedes all previous and contemporaneous agreements and understandings, whether oral or written relating to the subject matter of the Agreement. If, for any reason, a court of competent jurisdiction finds any provision of this Agreement, or portion thereof, to be invalid or unenforceable, such provision will be deemed modified with retroactive effect to render such provision valid and enforceable to the maximum extent permissible so as to give effect to the partiest intent, and the remainder of the terms of the Agreement will continue in full force and effect.
- (d) The laws of the State of Maryland (trespective of the choice of law principles) shall govern this Agreement. The laws of the State of New York (trespective of its choice of law principles) govern this Service Agreement, including its validity, construction, interpretation and enforcement. For resolution of all matters involving the Service Agreement, you irrevocably (f) consent and agree to (A) the exclusive jurisdiction of the United States District Court for the Southern District of New York, and to the service of process for it and on its behalf. If a basis exists for federal jurisdiction, or (B) the exclusive jurisdiction of the Westchester County Supreme Court, and to the service of process for it and on its behalf, if a basis does not exist for federal jurisdiction, and (ii) waive any right to object to the maintenance of a suit in any such court on the basis of improper venue or inconvenience of forum, EACH PARTY HEREBY WAIVES ANY AND ALL RIGHTS TO A TRIAL BY JURY IN ANY ACTION, SUIT OR PROCEEDING RELATING TO SUCH MATTERS.

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- (e) All notices, communications and inquiries from you to us regarding this Agreement must be sent by e-mail to communications@pinnaclecare.com.
- (f) Communications and inquires by us to you regarding this Agreement may be made by e-mail and directed to the e-mail address set forth in the Profile.

CONTACT INFORMATION

PinnacleCare International

PinnectoCare is a member of the Sun Life family of companies. PinnectoCare and its employees do not diagnosa medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be medical only after consultation with and at the direction of your medical provider. Any person or only who provides health care services following a referred or other service provided does so independently and not as an agent or representative of PinnectoCare.

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- (i) You agree to Indemnify and hold harmless Pinnacle Care, our employees, agents, officers, directors, stockholders, partners, members, affiliates, successors and assigns, from and against any and all actions, suits, proceedings, investigations, demands, claims, judgments, liabilities, obligations, tiens, tosses, damages, costs and expenses (including, without limitation, reasonable attorneys' fees) (collectively, "Losses") based upon, resulting from, arising out of, or in any way relating to (I) your breach of this Agreement; and/or (II) any misrepresentation of the Services by you to any Eligible Member.
- (j) We agree to indemnify and hold harmless you, your employees, agents, officers, directors, stockholders, partners, members, affiliates, successors and assigns, from and against any and all Losses based upon, resulting from, arising out of, or in any way relating to our breach of this Agreement.

8. Ownership Rights.

All of our trademarks, trade names, copyrighted material and any other intellectual property rights will remain, at all times, our exclusive property, and you may not appropriate or use such property without our prior written consent.

9. Implementation, Marketing and Communications

Our implementation team will manage the implementation of the PinnacleCare service. You agree to provide us with a primary Human Resources/Employee Benefits contact to ensure a successful implementation.

As part of the implementation process, you agree to deliver at least one initial welcome communication to Eligible Members at the beginning of the initial Term, and to send or allow us to send subsequent communications no less than once each quarter. We will provide recommendations for each communication, including content to support your digital communications, weblnars, training, and employee events, as well as options for us to communicate with Eligible Members directly, with your approval. If you would like members to be mailed communications, you will be required to pay any costs associated with the mailing such as printing and postage.

10. Miscellaneous

(a) Your participation in this Agreement is non-assignable and nontransferable, and you may not assign or delegate any of your rights or duties under the Agreement, directly or indirectly, to any person or entity without our prior written consent, and any act in violation of the foregoing will be null and vold. Subject to the foregoing, this Agreement will be binding upon, and will inure to the benefit of, you and us, and your and our respective successors and assigns. Nothing contained in this Agreement shall be deemed to confer any rights of benefits upon any third parties.

- (d) We will not be liable, obligated or responsible for: (i) the availability, quantity, quality or results of any Health Care received by any Eligible Member, or for any failure to obtain Health Care, (ii) any negligence, error or omission, or malpractice, or any other action or inaction of any person or entity providing Health Care to any Eligible Member, and/or (iii) payment or collection of any charges, claims, bills, fees, costs, expenses or any other amounts incurred by or on behalf of you and/or any Eligible Member in connection with any Health Care (all of which are the sole responsibility of you and/or the Eligible Member).
- (e) WE MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, RELATING TO ANY OF THE SERVICES PROVIDED TO YOU AND/OR ELIGIBLE MEMBERS AND ALL SUCH SERVICES ARE PROVIDED "AS IS," WITHOUT LIMITING THE FOREGOING, WE HEREBY SPECIFICALLY DISCLAIMS ALL EXPRESS, STATUTORY AND IMPLIED WARRANTIES.
- (f) WE WILL NOT BE LIABLE, OBLIGATED OR RESPONSIBLE TO YOU AND/OR ELIGIBLE MEMBERS OR ANY OTHER PERSON FOR ANY DIRECT, INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES, LOSSES, COSTS OR EXPENSES OF ANY KIND, HOWEVER CAUSED AND WHETHER BASED IN CONTRACT, TORT (INCLUDING WITHOUT LIMITATION NEGLIGENCE), STRICT LIABILITY OR ANY OTHER THEORY OF LIABILITY, INCLUDING BUT NOT LIMITED TO LOST PROFITS, COSTS OF PROCUREMENT OF SUBSTITUTE SERVICES, COST OF CAPITAL, AND OTHER LOSS, REGARDLESS OF WHETHER WE KNOW OR HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, LOSSES, COSTS, OR EXPENSES, IF ANY OF THE SERVICES DO NOT CONFORM TO THE STANDARDS OF PERFORMANCE, IF ANY, SET FORTH IN THIS AGREEMENT, OUR SOLE AND EXCLUSIVE LIABILITY SHALL BE LIMITED TO (A) REPERFORMANCE OF SUCH NONCONFORMING SERVICES AT NO ADDITIONAL COST TO YOU AND/OR ELIGIBLE MEMBERS, OR (B) REFUND TO YOU OF THAT PORTION OF THE ELIGIBLE MEMBER'S FEE ALLOCABLE TO SUCH NONCONFORMING SERVICES. IN NO EVENT WILL OUR LIABILITY TO YOU AND/OR ELIGIBLE MEMBERS OR ANY OTHER PERSON, REGARDLESS OF FORM OR THE NUMBER OF ACTIONS, EXCEED THE AMOUNTS RECEIVED BY US FROM YOU UNDER THIS AGREEMENT.
- (g) We will not be liable, obligated or responsible for any cessation, interruption or delay in the provision or procurement of any Services due to causes beyond our reasonable control such as, without limitation, fire, flood, earthquake or other natural disaster, act of God, war or armed conflict (whether or not officially declared), strikes, labor difficulties, riot, civil:disturbance, acoldent, disruption of the public markets or the failure of any supply, transportation, telecommunications, power or other essential commodities or services.
- (h) The relationship between you and us is not a joint venture, association, partnership, agency or similar relationship (each, a "Partnering Relationship"), and no liabilities, obligations or responsibilities will be imposed on you or us based upon a Partnering Relationship.

6. Term

The initial term of the Agreement begins on the Effective Date set forth in the Key Terms section of the form above (the "Effective Date") and continues for the length of time noted in it (the "Term"). Upon expiration of the Term and any subsequent Term, the Agreement may be renewed and extended automatically renews for an additional 12 months (each, a "Term") upon written agreement by the parties. unless you provide us with written notice at least-thirty days prior to the end of a Term that you are terminating the Agreement at the end of the Termi

If this Agreement terminates, we will continue to provide Services to any Eligible Member receiving Services until the engagement is complete.

6. Confidentiality of Eligible Member information

Our policies regarding the confidentiality of Eligible Member Information are set forth in our Notice of Privacy Practices, a copy of which is available upon request.

7. Limitations

- (a) We are not: (i) an insurance broker, insurance underwriter, insurer, reinsurer, reinsurer. intermediary, payor, health maintenance organization or other managed care company, health or employee benefit plan or third party administrator, fiduciary or plan administrator; (ii) a provider of liealth care; or (iii) an agent or representative of (nor otherwise acting on behalf of) any of the foregoing, in addition, no person or entity who provides health care to any Eligible Member in connection with, or as a result of, this Agreement, nor any other provider of products, services or treatment to any Eligible Member, is our agent or representative, or is otherwise acting on our behalf.
- (b) Each Eligible Member is responsible for providing us with full clinical information and medical filstory about such Eligible Member. All medical and other information must be provided to us in the English language. In no event will we have any liability, obligation or responsibility to translate (or with respect to any translation of) any medical or other information. We will be entitled to rely upon, and assume the accuracy and completeness of, all medical and other information which any Eligible Member, or health care provider for any Eligible Member, or any other person or entity, provides to us. Our ability to provide the Services to Eligible Members depends upon the accuracy and completeness of all such information.
- (c) in no event will we have any liability, obligation or responsibility (or otherwise be considered) to provide any diagnosis of, or related to, any Eligible Member's medical conditions or illnesses, or to provide any related freatment, products, or services (all diagnoses, treatment, or related medical care, products, or services are collectively referred to herein as "Health Care"). All such Health Care shall be the sole responsibility of the Eligible Member's health care provider(s).

PinnacleCare Service Agreement

This PinnacleCare Service Agreement (the "Agreement") is by and between Pinnacle Care International, LLC ("PinnacleCare") and the employer ("Employer") identified in the Business Profile above ("Profile").

1. Definitions

- (a) "You" and "your" means and refers to the Employer.
- (b) "We", "us", and "our" means and refers to Pinnacle Care.
- (c) "Eligible Member" means and includes:

each of your employees and their dependents satisfying the eligibility requirements set forth in the Eligibility Election section of the form above and/or named by you or your Broker as an Eligible Member on the eligibility file submitted by you or your Broker to us on or about the Effective Date or on any supplemental eligibility file submitted on a monthly or quarterly basis after the Effective Date;

(d) "Broker" means your group benefils broker.

2. Participation

- (a) Eligible Members are eligible to receive the Services provided by us under this Agreement.
- (b) Eligible Members are required to agree to the Eligible Member Terms and Conditions before the Eligible Member is entitled to receive a Service.

3. Services

We will make available to Eligible Members the services (each individually a "Service" and collectively the "Services") set forth in the Schedule of Services in Addendum A.

4. Fees

- (a) In exchange for providing Services to Eligible Members, you agree to pay us the fee set forth in the Key Terms section of the form above.
- (b) We will send you an invoice monthly. Full payment is due and payable on or before the due date set forth in the invoice (the "Due Date"). Unpaid balances over 60 days past due are subject to interest charges accruing at the rate of 8% per annum.
- (c) We review market rates and utilization annually. Upon the expiration of any Term, we reserve the right to increase the fee.

ELIGIBILITY ELECTION

ase Indicate who is eligible to receive PinnaciaCare services	
olal employee count	
ease Indicate the employee types included in the total above:	
Active employees (salect one):	
All active employees and their dependents	
🔀 Only active employees and their dependents enrolted in your medical plans	
Rettrees (select all of those that apply):	
☐ None	
⊠ Medicare primary relices and liteli dependenis	
⊠ Pre-Medicare retirees and their dependents	
if other employee types are included in the total above, please explain:	
·	

If you select Extended Care under Key Terms, an employee's parents, parents-in-law, and adult children over 26 will also be able to access PinnacleCare services,

An eligibility file is required for delivery of PinnacleCare services. Acceptable formats and timing will be discussed during implementation.

Your eligibility elections will not apply to any product or service with Sun Life Assurance Company of Canada.

SIGNATURES

By signing below, the employer identified above ("Employer") represents and/or agrees that:

- It has read the PinnacleCare Service Agreement ("Agreement") and agrees to its terms.
- · The information provided is accurate and complete to the best of its knowledge.
- · The person signing below is authorized to sign on behalf of the Employer.
- · It will collect any amount paid by employees toward the fee owed by the Employer.
- Providing incomplete, inaccurate or unlimely information may impact the fee and/or the right to receive services under the Agreement.

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Please e-mail the signed Service Agreement to your PinnacleCare sales specialist.