

Number Enrolled

Single: 67

Family: 165

Total: 232

<u>Stop Loss Carrier</u>	<u>Current Ardellis</u>	<u>Renewal Option A Ardellis</u>	<u>Renewal Option B Symetra</u>	<u>Renewal Option C Companion Life</u>
ANNUAL SPECIFIC STOP LOSS PREMIUM	\$594,396.24	\$633,352.68	\$696,419.16	\$711,156.84
Specific Deductible	\$100,000	\$100,000	\$100,000	\$100,000
Aggregating Specific Deductible	\$50,000	\$50,000	\$50,000	\$50,000
Single Specific Premium Rate	\$103.31	\$110.07	\$107.39	\$104.96
Family Specific Premium Rate	\$258.25	\$275.18	\$308.12	\$316.55
Specific Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX
Contract Accumulation Type	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Specific Contract Type	PAID	PAID	24/12	PAID
ANNUAL AGGREGATE STOP LOSS PREMIUM	\$23,914.56	\$23,496.96	\$21,241.92	\$31,292.16
Aggregate Premium Rate	\$8.59	\$8.44	\$7.63	\$11.24
Single Aggregate Factor	\$996.26	\$963.44	\$1,090.85	\$917.74
Family Aggregate Factor	\$2,506.01	\$2,423.46	\$2,314.77	\$2,386.30
Annual Expected Claims	\$4,610,314.27	\$4,458,445.25	\$4,368,230.40	\$4,370,189.57
Annual Aggregate Attachment Point	\$5,762,892.84	\$5,573,056.56	\$5,460,288.00	\$5,462,736.96
Aggregate Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX
Aggregate Contract Type	PAID	PAID	24/12	PAID
Run-In Limit	\$0	\$0	\$928,200	\$0
ANNUAL TRANSPLANT INSURANCE PREMIUM	\$48,039.48	\$48,131.88	\$48,131.88	\$48,131.88
Transplant Single Premium Rate	\$8.97	\$8.42	\$8.42	\$8.42
Transplant Family Premium Rate	\$20.62	\$20.89	\$20.89	\$20.89
ANNUAL SERVICE FEES	\$99,110.40	\$99,110.40	\$80,875.20	\$83,520.00
Medical/Dental/Vision/Postage Administration Fee	\$22.70	\$22.70	\$16.15	\$17.10
Network Access Fee	\$8.45	\$8.45	\$8.45	\$8.45
Utilization Review/Case Mgt. Fee In/Out Patient	\$4.45	\$4.45	\$4.45	\$4.45
Summary				
TOTAL ESTIMATED ANNUAL FIXED COSTS	\$765,460.68	\$804,091.92	\$846,668.16	\$874,100.88
Percent Change in Fixed Costs		5.0%	10.6%	14.2%
TOTAL ESTIMATED ANNUAL EXPECTED COSTS	\$5,375,774.95	\$5,262,537.17	\$5,214,898.56	\$5,244,290.45
Percent Change in Expected Costs		-2.1%	-3.0%	-2.4%
TOTAL ESTIMATED ANNUAL MAXIMUM COSTS	\$6,528,353.52	\$6,377,148.48	\$6,306,956.16	\$6,336,837.84
Percent Change in Maximum Costs		-2.3%	-3.4%	-2.9%

Stop Loss Coverage Requirements and Options

Stop loss quotes assume satisfaction of each of the carrier's minimum requirements for eligibility, participation, benefits and plan design.

The annual benefit maximum and stop loss policy maximum is unlimited per covered person.

Stop loss quotes above require receipt and review of an updated specific report, aggregate report, precertification report, case management report and pending/held report through the date indicated below. Completion of a large claim disclosure form for review and approval is required for a firm quote unless specifically stated below.

Stop loss quotes above are contingent upon the continuation of the fully insured Organ and Tissue Transplant Coverage. If this coverage is terminated, specific rates above are subject to change.

ARDELLIS: Stop loss quotes above are FIRM, if accepted in writing by 6/1/19, otherwise updated reporting will be required. Stop loss quotes above include a guarantee of no new lasers on renewal and a maximum specific premium renewal increase of 45% based on duplicate contract terms, excluding any premium reduction for the aggregating specific deductible.

SYMETRA: Stop loss quotes above are subject to the reports indicated above through date of disclosure. Stop loss quotes above include a guarantee of no new lasers on renewal and a maximum specific premium renewal increase of 50% based on duplicate contract terms, excluding any premium reduction for the aggregating specific deductible. Stop loss quotes are subject to large claimant review.

COMPANION LIFE: Stop loss quotes above are subject to the reports indicated above through date of disclosure. Stop loss quotes above include a guarantee of no new lasers on renewal and a maximum specific premium renewal increase of 50% based on duplicate contract terms, excluding any premium reduction for the aggregating specific deductible. Stop loss quotes above are subject to large claimant review.

The following carrier(s) declined to quote due to being uncompetitive: PAN AMERICAN, SIRIUS AMERICA

General Specifications

Postage is included in the administration fee indicated above.

Dental Administration Fee: \$2.50 per employee per month (pepm); Vision Administration Fee: \$1.50 per employee per month (pepm); Flexible Spending Re-enrollment Fee: \$495 per year; Flexible Spending Fee: \$4.50 per participant per month (pppm); Debit Card Fee: \$1 .95 per employee per month (pepm); COBRA = \$1.25 pepm + the 2% administrative fee included in the COBRA rate calculation.

Network access fees included in the fixed costs above: Physicians Care/HAP/CHA= \$8.45 pepm. Network access fees not included in the fixed costs above: Multiplan/CIGNA Wrap Network= 18% of savings. Note: CIGNA wrap network is available only to Physicians Care network enrollees.

PCORI fee is not included in the above renewal.

ASR WILL NOT BE BOUND BY ANY TYPOGRAPHICAL ERRORS OR OMISSIONS CONTAINED IN THIS PROPOSAL. DO NOT CANCEL ANY CURRENT COVERAGE UNTIL CONFIRMATION HAS BEEN RECEIVED FROM PROPOSED CARRIER.

AGENT MAY RECEIVE A PERCENTAGE OF ASR'S COMPENSATION PLUS AMOUNT LISTED.