

STOP LOSS CARRIER	CURRENT COMPANION	RENEWAL OPTION E COMPANION	RENEWAL OPTION F SIRIUS	RENEWAL OPTION G SYMETRA	RENEWAL OPTION H WESTPORT
ANNUAL SPECIFIC STOP LOSS PREMIUM	\$388,896.48	\$382,908.24	\$349,964.29	\$288,181.44	\$429,433.49
Specific Deductible	\$100,000	\$125,000	\$125,000	\$125,000	\$125,000
Lasered Individual #1 See Below	\$0	\$0	\$200,000	\$225,000	\$0
Single Specific Premium Rate	\$65.96	\$66.04	\$75.40	\$63.14	\$68.79
Family Specific Premium Rate	\$175.62	\$172.51	\$152.10	\$128.56	\$195.43
Specific Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX
Contract Accumulation Type	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Specific Contract Type	PAID	PAID	24/12	24/12	24/12
ANNUAL AGGREGATE STOP LOSS PREMIUM	\$24,961.68	\$29,304.00	\$20,139.84	\$23,283.36	\$54,771.84
Aggregate Premium Rate	\$9.37	\$11.00	\$7.56	\$8.74	\$20.56
Single Aggregate Factor	\$913.63	\$921.12	\$983.00	\$961.47	\$990.72
Family Aggregate Factor	\$2,140.89	\$2,131.54	\$2,151.67	\$2,023.57	\$2,289.57
Annual Expected Claims	\$3,855,763.01	\$3,845,536.13	\$3,912,485.18	\$3,700,862.78	\$4,131,393.98
Annual Aggregate Attachment Point	\$4,819,703.76	\$4,806,920.16	\$4,890,606.48	\$4,626,078.48	\$5,164,242.48
Aggregate Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX
Aggregate Contract Type	PAID	PAID	24/12	PAID	24/12
Run-In Limit	N/A	N/A	\$733,591	\$786,400	N/A
ANNUAL TRANSPLANT INSURANCE PREMIUM	\$44,105.76	\$46,543.68	\$46,543.68	\$46,543.68	\$46,543.68
Transplant Single Premium Rate	\$8.50	\$8.97	\$8.97	\$8.97	\$8.97
Transplant Family Premium Rate	\$19.54	\$20.62	\$20.62	\$20.62	\$20.62
ANNUAL SERVICE FEES	\$84,049.20	\$90,576.00	\$98,168.40	\$105,627.60	\$75,657.60
Medical/Dental/Vision Administration Fee	\$19.15	\$21.60	\$24.45	\$27.25	\$16.00
Network Access Fee	\$8.45	\$8.45	\$8.45	\$8.45	\$8.45
Utilization Review/Case Mgt. Fee In/Out Patient	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95
SUMMARY					
TOTAL ESTIMATED ANNUAL FIXED COSTS	\$542,013.12	\$549,331.92	\$514,816.21	\$463,636.08	\$606,406.61
Percent Change in Fixed Costs		1.4%	-5.0%	-14.5%	11.9%
TOTAL ESTIMATED ANNUAL EXPECTED COSTS	\$4,397,776.13	\$4,394,868.05	\$4,427,301.40	\$4,164,498.86	\$4,737,800.59
Percent Change in Expected Costs		-0.1%	0.7%	-5.3%	7.7%
TOTAL ESTIMATED ANNUAL MAXIMUM COSTS	\$5,361,716.88	\$5,356,252.08	\$5,405,422.69	\$5,089,714.56	\$5,770,649.09
Percent Change in Maximum Costs		-0.1%	0.8%	-5.1%	7.6%

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.
- COMPANION LIFE: Stop loss quotes above are firm and do not require a disclosure form or additional claims information. 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.
- SIRIUS: Stop loss quotes above are subject to the reports indicated above through 5/31/14. Stop loss quotes above are subject to a \$200,000 laser on individual #1. 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.
- SYMETRA: Stop loss quotes above are subject to the reports indicated above through date of disclosure form. Stop loss quotes above are subject to a \$225,000 laser on Individual #1. 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.
- WESTPORT: Stop loss quotes above are subject to the reports indicated above through date of disclosure form. 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.
- The following carrier(s) declined to quote due to being uncompetitive: Pan American.

GENERAL SPECIFICATIONS

- Assumes checks & EOBs are released directly to the employee's home for \$0.53/piece.
- Dental Administration Fee: \$2.50 per employee per month (pepm); Vision Administration Fee: \$1.50 per employee per month (pepm); HIPAA Administration Fee: \$6.00 per employee per year (pepy); Flexible Spending Re-enrollment Fee: \$495.00 per year; Flexible Spending Fee: \$4.50 per participant per month (pppm).
- 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.
- Disease Management/Wellness Website/Online HRA through AHDI is available for \$3.50 pepm.
- Administration services available: COBRA = \$1.25 pepm + the 2% administrative fee included in the COBRA rate calculation.
- The Michigan HICA 1% tax, ACA Reinsurance, and PCORI fees are 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.