

Stop-Loss Insurance Marketing Report

ABC Company



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Stop-Loss Market Submission Summary

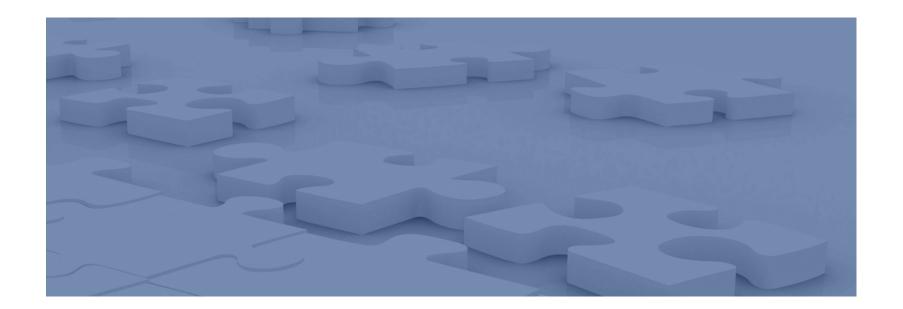
Stop-Loss Insurance Marketing Results

Underwriting Projection

Stop-Loss Risk Decision Support Analytics

Proposal Qualifications & Contingencies





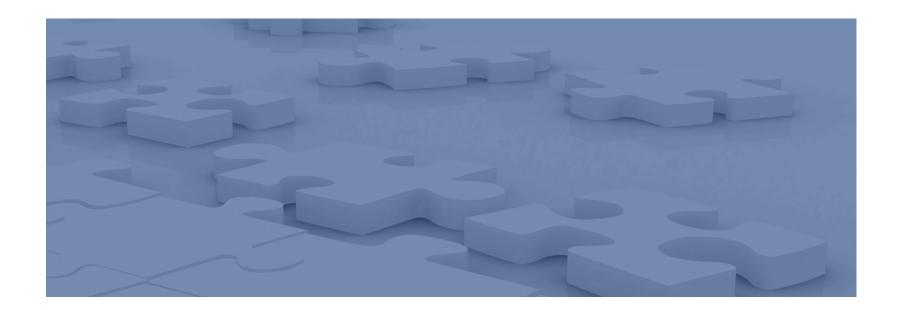
Stop-Loss Market Response Summary



Stop-Loss Market Response Summary

Stop-Loss Market	Market Response	
AccuRisk Solutions, LLC	Declined	Uncompetitive Rates
Berkley Accident and Health	Quoted - Contingent	
Evolution Risk	Declined	Insufficient Experience Available
HM Insurance Group	Declined	
Houston International Insurance Group	Quoted - Contingent	
Optum	Declined	Uncompetitive Rates
PACE Underwriters, LLC	Declined	Uncompetitive Rates
Sun Life Financial	Declined	
Swiss Re	Declined	Uncompetitive Rates
Symetra	Declined	
Tokio Marine HCC	Quoted - Contingent	
Vista Underwriting Partners, LLC	Declined	Uncompetitive Rates





Stop-Loss Marketing Detail



### 1995	Stop-Loss Terms		Current	Option 1	Option 2	Option 3	Option
	Stop-Loss Market		Anthem Health Plans of Virginia	Houston International Insurance Group	Houston International Insurance Group	Tokio Marine HCC	Tokio Marine HC
Part	Stop-Loss Carrier and Financial Rating		Anthem Health Plans of Virginia:	Great Midwest Insurance Company : A	Houston International Insurance Group : A	HCC Life Insurance Company: A++	HCC Life Insurance Company : A+
Part	ASO/TPA		Anthem Health Plans of Virginia	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	CIGNA Health and Life Insurance
Part	Provider Network		BCBS PPO	RBP Claim Doc at 120% of Medicare and	CIGNA PPO		Compar CIGNA PP
Description				10% of Billed Charges in Fees			
Per							
Segretis Definication Definication (Service)							\$50,00 Per Member/Individu
Separate Auguranting Service (Decision 1987		N					
Manufact Covering Limit							Pending Disclosu
Contragit Con		ible					Unlimite
Content Con							12/
Terminal Lability Open Provision No No No No No No No							Medical;
Figure Province							Wediesi,
No New Lease of Reviewed Will Ready Cap Provision Yea, Plan agroral required Yea, Plan agroral r							Y
Pich Marging Protection Vice Pich approach required Vice V		ap Provision					1
### Administration (Processor Processor Proces							Yes; Plan approval require
Popular Provision Provi							Yes, Francisco V
Reference Covered Control C							1
Debetoria Contract Flash 120%							N
Debaticity Contract Research Contract Contract Research Contr	ggregate Stop-Loss (ASL) Terms						
Amusal Maximum Bemelic Section				125%	125%	125%	125
Arraul Maximum Benefit	Contract Basis			15-Dec	12/15	12/15	12/1
Compage Included Standard S	Annual Maximum Benefit			\$1,000,000	\$1,000,000		\$1,000,00
Run-Pit Run-Dit Imit I	Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;F
Tominal Liability Option Provision Retireac Covered New Membra	Minimum Annual Attachment Point			\$1,352,387	\$1,695,295	\$1,674,900	\$1,695,94
Manilar Mani	Run-In / Run-Out Limit			\$0	\$0	\$0	\$
Retained	Terminal Liability Option Provision			No	No	No	N
Stop-Loss Lyes Ly							Availavle for \$1.50 PEPI N
Stop-Loss Lyes Ly	Statue			Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Continger
Individual Stop-Loss (ISL)							15.00
Individual Stop-Lose (ISL)	Stop-Loss Premium (Fixed Cost)		Lives				
Employee-Child(ren)		Employee Only	161	\$190.59	\$227.83	\$299.46	\$316.3
Family		Employee+Spouse	3	\$379.66	\$453.83	\$596.51	\$630.1
Family		Employee+Child(ren)	24	\$336.02	\$401.66	\$527.95	\$557.6
Aggregate Stop-Loss (ASL) Employee Cnly 161 \$5.13 \$5.52 \$13.88 Employee-Chald(en) 24 \$5.13 \$5.52 \$13.88 \$13.89 \$13			4	\$570.25	\$681.65	\$895.97	\$946.4
Employee+Spouse 3 \$5.13 \$5.52 \$13.68 Employee-Child(ren) 24 \$5.513 \$5.52 \$13.68 Annual Premium Subtotal 192 \$11,819.52 \$12,718.08 \$31,518.72 Monthly Accommodation Fee 192 \$0.00 \$0.00 \$0.00 Annual Fee Subtotal 192 \$11,819.52 \$617,620.80 \$826,605.96 \$1.00 Monthly Accommodation Fee 192 \$1,810,80 \$1.00 Monthly Accommodation Fee 192 \$1,810,80 \$1.00 Monthly Accommodation Fee 192 \$1.00 \$1.00 Monthly Accommodation Fee		Annual Premium Subtotal	192	\$506,033.40	\$604,902.72	\$795,087.24	\$839,828.2
Employee+Children 24 \$5.13 \$5.52 \$13.68 Pamily 4 \$5.513 \$5.52 \$13.68 Pamily 4 \$5.513 \$5.52 \$13.68 \$31,518.72 \$13.68	Aggregate Stop-Loss (ASL)	Employee Only	161	\$5.13	\$5.52	\$13.68	\$13.7
Family		Employee+Spouse	3	\$5.13	\$5.52	\$13.68	\$13.7
Annual Premium Subtotal 192 \$11,819.52 \$12,718.08 \$31,518.72		Employee+Child(ren)	24	\$5.13	\$5.52	\$13.68	\$13.7
Monthly Accommodation Fee Annual Fee Subiotal 192 \$0.00				\$5.13	\$5.52	\$13.68	\$13.7
Store Stor		Annual Premium Subtotal	192	\$11,819.52	\$12,718.08	\$31,518.72	\$31,680.0
Stop-Loss Aggregate Claim Liability (Variable Cost) Employee Spouse Stop-Loss Aggregate Claim Liability (Aggregate Attachment Point) 192 \$1,005.78 \$1,2564,3133 \$1,350,134.21 \$1,333,891.68 \$1.2564,598 \$1.2564,598.59 \$1.2564			192				\$0.0
Administrative Costs (Fixed)		Annual Fee Subtotal					\$0.0
Medical Administration Fee 192 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$15.00	rotal Annual Premium/Fees			\$517,852.92	\$617,620.80	\$826,605.96	\$871,508.2
Network Access Fee				A05.00	ACT 00	#0F.00	\$25.0
Broker Service Fee							
Total Annual Administrative Costs \$107,136.00 \$107,136							\$15.0
Stop-Loss Aggregate Claim Liability (Variable Cost) Lives			192				\$6.5 \$107,136.0
Stop-Loss Aggregate Claim Liability (Variable Cost) Lives	Total Annual Fixed Cost			\$624,988.92	\$724,756.80	\$933,741.96	\$978,644.2
Aggregate Factors	Ston-Loss Aggregate Claim Liability ()	Variable Cost)	Livos				
Employee+Spouse 3 \$1,605.50 \$1,176.45 \$1,266.18 \$1,250.98 Employee+Child(ren) 24 \$1,060.78 \$1,041.21 \$1,120.63 \$1,107.16 Family 4 \$2,207.56 \$1,767.04 \$1,901.82 \$1,878.97 Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,568,039.16 \$1,687,667.76 \$1,667,364.60 \$1.				\$590.58	\$635.64	\$627 99	\$635.8
Employee+Child(ren) 24 \$1,060.78 \$1,041.21 \$1,120.63 \$1,107.16 Family 4 \$2,207.56 \$1,767.04 \$1,901.82 \$1,878.97 Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,568,039.16 \$1,687,667.76 \$1,667,364.60 \$1 Expected Claim Liability \$1,254,431.33 \$1,350,134.21 \$1,333,891.68 \$1	333						\$1,266.7
Family 4 \$2,207.56 \$1,767.04 \$1,901.82 \$1,878.97 \$1,558,039.16 \$1,687,667.76 \$1,667,364.60 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1,667,667 \$1,667,364.60 \$1							\$1,121.0
Maximum Claim Liability \$1,667,364.60 \$1 Expected Claim Liability \$1,254,431.33 \$1,350,134.21 \$1,333,891.68 \$1							\$1,902.5
	Maximum Claim Liability (Aggregate A						\$1,688,316.7
Maximum Plan Cost (Includes Separate Aggregating Specific Deductible) \$1,854,007.20 \$2,193,028.08 \$2,412,424.56 \$2,601,106.56 \$2	Expected Claim Liability			\$1,254,431.33	\$1,350,134.21	\$1,333,891.68	\$1,350,653.3
	Maximum Plan Cost (Includes Separate	Aggregating Specific Deductible)	\$1,854,007.20	\$2,193,028.08	\$2,412,424.56	\$2,601,106.56	\$2,666,961.0
Expected Plan Cost \$1,854,007.20 \$1,879,420.25 \$2,074,891.01 \$2,267,633.64 \$2	Expected Blan Coet		\$4 0E4 007 20	\$4 070 420 0F	\$2.074.004.04	\$2.257.622.64	\$2,329,297.6
			\$1,854,007.20				\$2,329,297.6 \$475,290.4
Change from Current (\$) \$25,413.05 \$220,883.81 \$413,626.44 \$ Change from Current (%) 1.37% 11.91% 22.31%				\$25,413.05	\$220,003.87	\$413,020.44	\$475,290.40



Stop-Loss Terms			Option 5	Option 6	Option 7	Option 8	Option 9
Stop-Loss Market			Houston International Insurance Group	Houston International Insurance Group	Tokio Marine HCC	Tokio Marine HCC	Berkley Accident and Health
Stop-Loss Carrier and Financial Rating			Great Midwest Insurance Company : A	Houston International Insurance Group : A	HCC Life Insurance Company : A++	HCC Life Insurance Company : A++	Berkley Life and Health Insurance Company: A+
ASO/TPA			Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	CIGNA Health and Life Insurance Company	Benefit Administrative Systems, LLC
Provider Network			RBP Claim Doc at 120% of Medicare and 10% of Billed Charges in Fees	CIGNA PPO	RBP 140% of Medicare	CIGNA PPO	CIGNA PPC
ndividual Stop-Loss (ISL) Terms							
Deductible			\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Deductible Accumulation Separate Individual Deductible (Laser			Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individua Pending Disclosure
Separate Aggregating Specific Deduc			Feriding Disclosure \$0	Feriding Disclosure \$0	Feriding Disclosure \$0	Ferfallig Disclosure \$0	Ferfallig Disclosur
Maximum Coverage Limit	ibic		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis			12/15	12/15	12/15	12/15	12/1
Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;Rx	Medical;R
Terminal Liability Option Provision			No	No	No	No	N
IRO Extended Liability Provision			Yes	Yes	Yes	Yes	Ye
No New Laser at Renewal with Rate C	ap Provision		No	No.	No	No	N
Plan Mirroring Provision Advance Reimbursement Provision			Yes; Plan approval required Yes	Yes; Plan approval required Yes	Yes; Plan approval required Yes	Yes; Plan approval required Yes	Yes; Plan approval require Ye
Experience Refund Provision			No.	No No	No No	No	N
Retirees Covered			No	No	No	No	No
ggregate Stop-Loss (ASL) Terms							
Deductible Corridor			125%	125%	125%	125%	125%
Contract Basis			12/15	12/15	12/15	12/15	12/1:
Annual Maximum Benefit			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages Included Minimum Annual Attachment Point			Medical;Rx \$1,738,507	Medical;Rx \$1,871,146	Medical;Rx	Medical;Rx \$1,898,582	Medical;R \$1,613,64
Run-In / Run-Out Limit			\$1,738,507	\$1,871,146 \$0	\$1,873,403 \$0	\$1,696,562 \$0	\$1,013,04
Terminal Liability Option Provision			No.	No.	No.	No.	No
Monthly Accommodation Provision			Availavle for \$1.50 PEPM	Availavle for \$1.50 PEPM	Availavle for \$1.50 PEPM	Availavle for \$1.50 PEPM	No
Retirees Covered			No	No	No	No	No
Status Commission			Quoted - Contingent 15.00%	Quoted - Contingent 15.00%	Quoted - Contingent 15.00%	Quoted - Contingent 15.00%	Quoted - Contingen 15.00%
5011111331011			10.00%	10.0070	13.00%	13.50 %	10.00%
Stop-Loss Premium (Fixed Cost)		Lives					
Individual Stop-Loss (ISL)	Employee Only	161	\$133.21	\$162.56	\$222.95	\$237.15	\$234.05
	Employee+Spouse	3 24	\$265.36 \$234.85	\$323.83 \$286.60	\$444.13 \$393.06	\$472.40 \$418.10	\$659.05 \$659.05
	Employee+Child(ren) Family	4	\$234.65 \$398.57	\$200.00 \$486.40	\$393.06 \$667.08	\$416.10 \$709.54	\$659.0t
	Annual Premium Subtotal	192	\$353,682.84	\$431,611.80	\$591,949.20	\$629,650.92	\$697,351.20
Aggregate Stop-Loss (ASL)	Employee Only	161	\$7.75	\$8.34	\$14.23	\$14.31	\$9.36
	Employee+Spouse	3	\$7.75	\$8.34	\$14.23	\$14.31	\$9.36
	Employee+Child(ren)	24	\$7.75	\$8.34	\$14.23	\$14.31	\$9.36
	Family	4	\$7.75	\$8.34	\$14.23	\$14.31	\$9.36
	Annual Premium Subtotal	192	\$17,856.00	\$19,215.36	\$32,785.92	\$32,970.24	\$21,565.44
	Monthly Accommodation Fee Annual Fee Subtotal	192	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Total Annual Premium/Fees			\$371,538.84	\$450,827.16	\$624,735.12	\$662,621.16	\$718,916.64
Administrative Costs (Fixed)		Lives					
Medical Administration Fee		192	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Network Access Fee		192	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
Broker Service Fee		192	\$6.50	\$6.50	\$6.50	\$6.50	\$6.50
Total Annual Administrative Costs			\$107,136.00	\$107,136.00	\$107,136.00	\$107,136.00	\$107,136.00
Total Annual Fixed Cost			\$478,674.84	\$557,963.16	\$731,871.12	\$769,757.16	\$826,052.64
Total Allitual Lixed Cost	/ariable Cost)	Lives					
Stop-Loss Aggregate Claim Liability (PCE4 04	\$701.57	\$702.42	\$711.86	\$623.00
	Employee Only	161	\$651.84				
Stop-Loss Aggregate Claim Liability (Employee Only Employee+Spouse	3	\$1,298.47	\$1,397.54	\$1,399.22 \$1,339.36	\$1,418.03 \$4.355.01	
Stop-Loss Aggregate Claim Liability (Employee Only Employee+Spouse Employee+Child(ren)	3 24	\$1,298.47 \$1,149.20	\$1,397.54 \$1,236.89	\$1,238.36	\$1,255.01	\$1,521.90 \$1,521.90 \$1,521.90
Stop-Loss Aggregate Claim Liability (Aggregate Factors	Employee Only Employee+Spouse Employee+Child(ren) Family	3	\$1,298.47	\$1,397.54			\$1,521.90 \$1,521.90
Stop-Loss Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate A	Employee Only Employee+Spouse Employee+Child(ren) Family	3 24 4	\$1,298.47 \$1,149.20 \$1,950.32	\$1,397.54 \$1,236.89 \$2,099.13	\$1,238.36 \$2,101.64	\$1,255.01 \$2,129.88	\$1,521.90 \$1,521.90 \$1,769,782.80
Stop-Loss Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate A	Employee Only Employee+Spouse Employee+Child(ren) Family tachment Point)	3 24 4	\$1,298.47 \$1,149.20 \$1,950.32 \$1,730,684.76	\$1,397.54 \$1,236.89 \$2,099.13 \$1,862,727.24	\$1,238.36 \$2,101.64 \$1,864,973.76	\$1,255.01 \$2,129.88 \$1,890,039.72	
Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate A Expected Claim Liability Maximum Plan Cost (Includes Separate	Employee Only Employee+Spouse Employee+Child(ren) Family tachment Point)	3 24 4	\$1,298.47 \$1,149.20 \$1,950.32 \$1,730,684.76 \$1,384,547.81 \$2,209,359.60	\$1,397.54 \$1,236.89 \$2,099.13 \$1,862,727.24 \$1,490,181.79 \$2,420,690.40	\$1,238.36 \$2,101.64 \$1,864,973.76 \$1,491,979.01 \$2,596,844.88	\$1,255.01 \$2,129.88 \$1,890,039.72 \$1,512,031.78 \$2,659,796.88	\$1,521.90 \$1,521.90 \$1,769,782.80 \$1,415,826.24 \$2,595,835.44
Stop-Loss Aggregate Claim Liability (Employee Only Employee+Spouse Employee+Child(ren) Family tachment Point)	3 24 4	\$1,298.47 \$1,149.20 \$1,950.32 \$1,730,684.76 \$1,384,547.81	\$1,397.54 \$1,236.89 \$2,099.13 \$1,862,727.24 \$1,490,181.79	\$1,238.36 \$2,101.64 \$1,864,973.76 \$1,491,979.01	\$1,255.01 \$2,129.88 \$1,890,039.72 \$1,512,031.78	\$1,521.90 \$1,521.90 \$1,769,782.8 0 \$1,415,826.24



Sopi-Lase Carer and Fincials Family Sopi-Lase Carer and Fincials	
Benefit Plan Administrators, Inc. Benefit Plan Administrators, Inc. Benefit Plan Administrators, Inc. Benefit Plan Administrators, Inc. CIGNA PPO BP 140% of Medicare Plan Structure Plan Str	
RBP Claim Doc at 120% of Medicare and 10% of	
Provide Nembors Provide Decaration Provide Nembors Provide	
Deductible Separate Horivical Deductible (Lasers) Per Member/Individual Per Memb	
Deductible Accumulation Per Member-Individual Per Member Individual	
Separate Individual Deductable (Lasers)	
Separata Aggregating Specific Deductable So So So So Maximum Coverage Limit Unlimited	
Maximum Coverage Limit Unlimited Unlimited Unlimited Contract Basis 12/15	
Contract Basis 12/15	
Coverages Included Medical-Pix Medica	
Terminal Liability Option Provision No No No No No No No	
RO Extended Liability Provision Ves No No No No No No No N	
Plan Mirroring Provision	
Advance Reimbursement Provision Experience Refund Provision Reitrees Covered No	
Experience Refund Provision Retirees Covered No	
Retirese Covered No	
Aggregate Stop-Loss (ASL) Terms Deductible Corridor 125% 125% 125% 125% 125% 125% 125% 125% 125% 125% 125% 1275 12715	
Deductible Corridor	
Contract Basis	
Annual Maximum Benefit	
Coverages Included	
Minimum Annual Attachment Point \$1,875,327 \$2,018,389 \$2,043,408 \$2,072,102 \$1,000 \$1,00	
Run-In / Run-Out Limit S0 S0 S0 S0 S0 S0 S0 S	
Terminal Liability Option Provision Monthly Accommodation Provision Retirees Covered Available for \$1.50 PEPM No	
Monthly Accommodation Provision Retirees Covered Available for \$1.50 PEPM Retirees Covered Available for \$1.50 PEPM No	
Status Quoted - Contingent Quoted - Contingent Quoted - Contingent Discompliant Commission Stop-Loss Premium (Fixed Cost) Lives	
Commission 15.00% <th co<="" td=""></th>	
Stop-Loss Premium (Fixed Cost)	
Individual Stop-Loss (ISL)	
Employee+Spouse 3 \$192.74 \$238.02 \$341.47 \$364.99 Employee+Child(ren) 24 \$170.59 \$210.67 \$302.21 \$323.03 \$22.03	
Employee+Child(ren)	
Family 4 \$289.50 \$357.51 \$512.89 \$548.22 Annual Premium Subtotal 192 \$256,904.88 \$317,256.84 \$455,112.24 \$486,487.20 \$486,487.	
Annual Premium Subtotal 192 \$256,904.88 \$317,256.84 \$455,112.24 \$486,487.20 Aggregate Stop-Loss (ASL)	
Aggregate Stop-Loss (ASL) Employee Only 161 \$10.30 \$11.08 \$14.71 \$14.78 Employee+Spouse 3 \$10.30 \$11.08 \$14.71 \$14.78 Employee+Child(ren) 24 \$10.30 \$11.08 \$14.71 \$14.78 Family 4 \$10.30 \$11.08 \$14.71 \$14.78 *** Family 4 \$10.30 \$11.08 \$14.71 \$14.78	
Employee+Spouse 3 \$10.30 \$11.08 \$14.71 \$14.78 Employee+Child(ren) 24 \$10.30 \$11.08 \$14.71 \$14.78 Family 4 \$10.30 \$11.08 \$14.71 \$14.78 *** *	
Employee+Spouse 3 \$10.30 \$11.08 \$14.71 \$14.78 Employee+Child(ren) 24 \$10.30 \$11.08 \$14.71 \$14.78 Family 4 \$10.30 \$11.08 \$14.71 \$14.78	
Employee+Child(ren) 24 \$10.30 \$11.08 \$14.71 \$14.78 Family 4 \$10.30 \$11.08 \$14.71 \$14.78	
Annual Premium Subtotal 192 \$23,731.20 \$25,528.32 \$33,891.84 \$34,053.12	
Monthly Accommodation Fee 192 \$0.00 \$0.00 \$0.00 \$0.00 Annual Fee Subtotal \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Total Annual Premium/Fees \$280,636.08 \$342,785.16 \$489,004.08 \$520,540.32	
Administrative Costs (Fixed) Lives Medical Administration Fee 192 \$25.00 <t< td=""></t<>	
Metwork Access Fee 192 \$15.00 \$15.00 \$15.00 \$15.00	
Broker Service Fee 192 \$6.50 \$6.50 \$6.50 \$6.50	
Total Annual Administrative Costs \$107,136.00 \$107,136.00 \$107,136.00 \$107,136.00	
Total Annual Fixed Cost \$387,772.08 \$449,921.16 \$596,140.08 \$627,676.32	
Stop-Loss Aggregate Claim Liability (Variable Cost) Lives	
Aggregate Factors Employee Only 161 \$703.14 \$756.76 \$766.16 \$776.92	
Employee+Spouse 3 \$1,400.66 \$1,507.51 \$1,526.20 \$1,547.63	
Employee+Child(ren) 24 \$1,239.64 \$1,334.21 \$1,350.75 \$1,369.71	
Family 4 \$2,103.81 \$2,264.29 \$2,292.36 \$2,324.55	
Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,866,889.44 \$2,009,269.08 \$2,034,213.60 \$2,062,779.00	
Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,866,889.44 \$2,009,269.08 \$2,034,213.60 \$2,062,779.00 Expected Claim Liability \$1,493,511.55 \$1,607,415.26 \$1,627,370.88 \$1,650,223.20	
Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,866,889.44 \$2,009,269.08 \$2,034,213.60 \$2,062,779.00 Expected Claim Liability \$1,493,511.55 \$1,607,415.26 \$1,627,370.88 \$1,650,223.20	
Maximum Claim Liability \$1,866,889.44 \$2,009,269.08 \$2,034,213.60 \$2,062,779.00 Expected Claim Liability \$1,493,511.55 \$1,607,415.26 \$1,627,370.88 \$1,650,223.20 Maximum Plan Cost (Includes Separate Aggregating Specific Deductible) \$2,254,661.52 \$2,459,190.24 \$2,630,353.68 \$2,690,455.32 Expected Plan Cost \$1,881,283.63 \$2,057,336.42 \$2,223,510.96 \$2,277,899.52	
Maximum Claim Liability (Aggregate Attachment Point) 192 \$1,866,889.44 \$2,009,269.08 \$2,034,213.60 \$2,062,779.00 Expected Claim Liability \$1,493,511.55 \$1,607,415.26 \$1,627,370.88 \$1,650,223.20 Maximum Plan Cost (Includes Separate Aggregating Specific Deductible) \$2,254,661.52 \$2,459,190.24 \$2,630,353.68 \$2,690,455.32	



Stop-Loss Terms			Option 15	Option 16	Option 17	Option 1
Stop-Loss Market			Houston International Insurance Group	Houston International Insurance Group	Tokio Marine HCC	Tokio Marine HC
top-Loss Carrier and Financial Rating			Great Midwest Insurance Company : A	Houston International Insurance Group : A	HCC Life Insurance Company : A++	HCC Life Insurance Company : A+
SO/TPA			Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	CIGNA Health and Life Insurance
rovider Network			RBP Claim Doc at 120% of Medicare and 10% of Billed Charges in Fees	CIGNA PPO	RBP 140% of Medicare	Company CIGNA PPC
dividual Stop-Loss (ISL) Terms						
Deductible			\$50,000	\$50,000	\$50,000	\$50,000
Deductible Accumulation			Per Member/Individual	Per Member/Individual	Per Member/Individual	Per Member/Individua
Separate Individual Deductible (Lase			Pending Disclosure	Pending Disclosure	Pending Disclosure	Pending Disclosure
Separate Aggregating Specific Dedu	ctible		\$0	\$0	\$0	\$1
Maximum Coverage Limit			Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis			12/12	12/12	12/12	12/1:
Coverages Included Terminal Liability Option Provision			Medical;Rx	Medical;Rx	Medical;Rx	Medical;R
			Yes Yes	Yes Yes	No Yes	Ye: Ye:
IRO Extended Liability Provision No New Laser at Renewal with Rate	Can Provision		No	No No	No	No.
Plan Mirroring Provision	Cap Provision		Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required
Advance Reimbursement Provision			Yes	Yes	Yes	Yes
Experience Refund Provision			No	No	No	No
Retirees Covered			No	No	No	No
aggregate Stop-Loss (ASL) Terms						
Deductible Corridor			125%	125%	125%	125%
Contract Basis			12/12	12/12	12/12	12/12
Annual Maximum Benefit			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;Rx
Minimum Annual Attachment Point			\$1,352,387	\$1,455,552	\$1,495,827	\$1,513,515
Run-In / Run-Out Limit			\$0	\$0	\$0	\$0
Terminal Liability Option Provision			Yes	No	No	Yes
Monthly Accommodation Provision			Available for \$1.50 PEPM	Available for \$1.50 PEPM	Available for \$1.50 PEPM	Available for \$1.50 PEPM
Retirees Covered			No	No	No	No
Status			Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent
Commission			15.00%	15.00%	15.00%	15.00%
Stop-Loss Premium (Fixed Cost)		Lives				
Individual Stop-Loss (ISL)	Employee Only	161	\$190.62	\$227.87	\$276.33	\$312.10
	Employee+Spouse	3	\$379.72	\$453.91	\$550.46	\$621.71
	Employee+Child(ren)	24	\$336.07	\$401.73	\$487.18	\$550.23
	Family	4	\$570.34	\$681.78	\$826.79	\$933.80
	Annual Premium Subtotal	192	\$506,112.24	\$605,009.28	\$733,679.88	\$828,647.40
Aggregate Stop-Loss (ASL)	Employee Only	161	\$5.20	\$5.60	\$13.19	\$14.67
, igg. oguto otop 2000 (7.02)	Employee+Spouse	3	\$5.20	\$5.60	\$13.19	\$14.67
	Employee+Child(ren)	24	\$5.20	\$5.60	\$13.19	\$14.67
	Family	4	\$5.20	\$5.60	\$13.19	\$14.67
	Annual Premium Subtotal	192	\$11,980.80	\$12,902.40	\$30,389.76	\$33,799.68
	Monthly Accommodation Fee	192	\$0.00	\$0.00	\$0.00	\$0.00
	Annual Fee Subtotal		\$0.00	\$0.00	\$0.00	\$0.00
Total Annual Premium/Fees			\$518,093.04	\$617,911.68	\$764,069.64	\$862,447.08
Administrative Costs (Fixed)		Lhora				
Medical Administration Fee		Lives 192	\$25.00	\$25.00	\$25.00	\$25.00
		192	\$25.00 \$15.00			
Network Access Fee Broker Service Fee		192	\$15.00 \$6.50	\$15.00 \$6.50	\$15.00 \$6.50	\$15.00 \$6.50
		192	\$107,136.00	\$107,136.00	\$107,136.00	\$107,136.00
Total Annual Administrative Costs			\$625,229.04	\$725,047.68	\$871,205.64	\$969,583.08
otal Annual Administrative Costs	Mariable Cook	Linear		\$725,047.68	\$871,205.64	\$969,583.08
otal Annual Administrative Costs otal Annual Fixed Cost stop-Loss Aggregate Claim Liability		Lives	\$625,229.04			
otal Annual Administrative Costs	Employee Only	161	\$625,229.04 \$507.07	\$545.75	\$560.85	\$567.48
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability	Employee Only Employee+Spouse	161 3	\$625,229.04 \$507.07 \$1,010.08	\$545.75 \$1,087.14	\$560.85 \$1,117.21	\$567.48 \$1,130.43
otal Annual Administrative Costs otal Annual Fixed Cost Stop-Loss Aggregate Claim Liability	Employee Only Employee+Spouse Employee+Child(ren)	161 3 24	\$625,229.04 \$507.07 \$1,010.08 \$893.95	\$545.75 \$1,087,14 \$962.15	\$560.85 \$1,117.21 \$988.78	\$567.48 \$1,130.43 \$1,000.48
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors	Employee Only Employee+Spouse Employee+Child(ren) Family	161 3	\$625,229.04 \$507.07 \$1,010.08	\$545.75 \$1,087.14	\$560.85 \$1,117.21	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate	Employee Only Employee+Spouse Employee+Child(ren) Family	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$893.95 \$1,517.14 \$1,346,302.44	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449,003.48	\$560.85 \$1,117.21 \$988.78 \$1,678.06 \$1,489,097.28	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate Expected Claim Liability	Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$893.95 \$1,517.14 \$1,346,302.44 \$1,077,041.95	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449,003.48 \$1,159,202.78	\$560.85 \$1,117.21 \$998.78 \$1,678.06 \$1,489,097.28 \$1,191,277.82	\$969,583.08 \$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24 \$1,205,364.19
otal Annual Administrative Costs otal Annual Fixed Cost ttop-Loss Aggregate Claim Liability Aggregate Factors laximum Claim Liability (Aggregate Expected Claim Liability	Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$899.95 \$1,517.14 \$1,346,302.44 \$1,077,041.95 \$1,971,531.48	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449,003.48 \$1,159,202.78 \$2,174,051.16	\$560.85 \$1,117.21 \$988.78 \$1,678.06 \$1,489,097.28 \$1,191,277.82 \$2,360,302.92	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24 \$1,205,364.19 \$2,476,288.32
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate Expected Claim Liability Maximum Plan Cost (Includes Separa Expected Plan Cost	Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$893.95 \$1,517.14 \$1,346,302.44 \$1,077,041.95 \$1,971,531.48 \$1,702,270.99	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449,003.48 \$1,159,202.78 \$2,174,051.16 \$1,884,250.46	\$560.85 \$1,117.21 \$998.78 \$1,678.06 \$1,489,097.28 \$1,191,277.82 \$2,360,302.92 \$2,062,483.46	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24 \$1,205,364.19 \$2,476,288.32 \$2,174,947.27
Total Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate Expected Claim Liability Maximum Plan Cost (Includes Separal Expected Plan Cost Change from Current (\$)	Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$893.95 \$1,517.14 \$1,346,302.44 \$1,077,041.95 \$1,971,531.48 \$1,702,270.99 -\$151,736.21	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449.003.48 \$1,159,202.78 \$2,174,051.16 \$1,884,250.46 \$30.243.26	\$560.85 \$1,117.21 \$988.78 \$1,678.06 \$1,489,097.28 \$1,191,277.82 \$2,360,302.92 \$2,062,483.46 \$208.476.26	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24 \$1,205,364.19 \$2,476,288.32 \$2,174,947.27 \$320,940.07
Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate Expected Claim Liability Maximum Plan Cost (Includes Separa Expected Plan Cost	Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	161 3 24 4	\$625,229.04 \$507.07 \$1,010.08 \$893.95 \$1,517.14 \$1,346,302.44 \$1,077,041.95 \$1,971,531.48 \$1,702,270.99	\$545.75 \$1,087.14 \$962.15 \$1,632.88 \$1,449,003.48 \$1,159,202.78 \$2,174,051.16 \$1,884,250.46	\$560.85 \$1,117.21 \$998.78 \$1,678.06 \$1,489,097.28 \$1,191,277.82 \$2,360,302.92 \$2,062,483.46	\$567.48 \$1,130.43 \$1,000.48 \$1,697.92 \$1,506,705.24 \$1,205,364.19 \$2,476,288.32 \$2,174,947.27

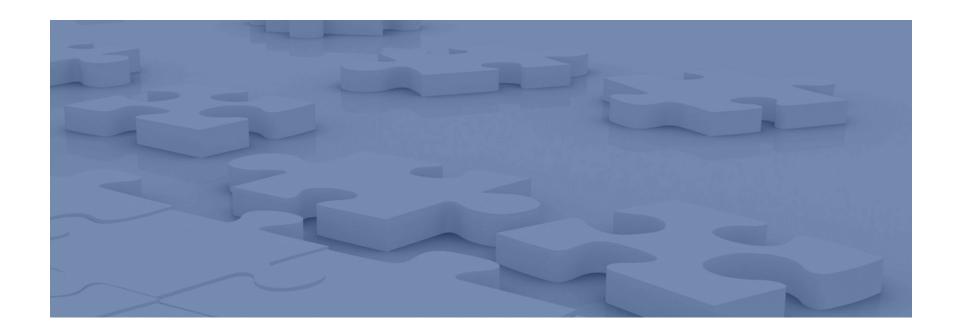


Stop-Loss Terms			Option 19	Option 20	Option 21	Option 22	Option 23
Stop-Loss Market		Hou	iston International Insurance Group	Houston International Insurance Group	Tokio Marine HCC	Tokio Marine HCC	Berkley Accident and Health
Stop-Loss Carrier and Financial Rating		(Great Midwest Insurance Company : A	Houston International Insurance Group : A	HCC Life Insurance Company : A++	HCC Life Insurance Company : A++	Berkley Life and Health Insuranc Company : A
ASO/TPA			Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	CIGNA Health and Life Insurance Company	Benefit Administrative Systems, LLC
Provider Network		RB	P Claim Doc at 120% of Medicare and 10% of Billed Charges in Fees	CIGNA PPO	RBP 140% of Medicare	CIGNA PPO	CIGNA PPO
Individual Stop-Loss (ISL) Terms							
Deductible			\$75,000	\$75,000	\$75,000	\$75,000	\$75,00
Deductible Accumulation Separate Individual Deductible (Lasers	5)		Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individual Pending Disclosure	Per Member/Individua Pending Disclosur
Separate Individual Deductible (Lasers Separate Aggregating Specific Deduct			Feriding Disclosure \$0	Feriding Disclosure \$0	Feriding Disclosure \$0	\$0	Ferfallig Disclosur
Maximum Coverage Limit	libre		Unlimited	Unlimited	Unlimited	Unlimited	Unlimite
Contract Basis			12/12	12/12	12/12	12/12	12/1
Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;Rx	Medical;F
Terminal Liability Option Provision			Yes	Yes	No	Yes	Ye
IRO Extended Liability Provision			Yes	Yes	Yes	Yes	Ye
No New Laser at Renewal with Rate C	Cap Provision		No	No	No	No	N
Plan Mirroring Provision			Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval require
Advance Reimbursement Provision			Yes	Yes	Yes	Yes	Ye
Experience Refund Provision Retirees Covered			No No	No No	No No	No No	N N
Aggregate Stop-Loss (ASL) Terms							
Deductible Corridor			125%	125%	125%	125%	1259
Contract Basis			12/12	12/12	12/12	12/12	12/1:
Annual Maximum Benefit			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,00
Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;Rx	Medical;R
Minimum Annual Attachment Point			\$1,492,670	\$1,455,552	\$1,495,827	\$1,683,722	\$1,364,75
Run-In / Run-Out Limit			\$0	\$0	\$0	\$0	\$6
Terminal Liability Option Provision			Yes	Yes	No	Yes	Ye
Monthly Accommodation Provision Retirees Covered			Available for \$1.50 PEPM No	Available for \$1.50 PEPM No	Available for \$1.50 PEPM No	Available for \$1.50 PEPM No	No No
Status			Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingen
Commission			15.00%	15.00%	15.00%	15.00%	15.00%
Stop-Loss Premium (Fixed Cost)		Lives					
Individual Stop-Loss (ISL)	Employee Only	161	\$133.23	\$162.59	\$204.66	\$233.86	\$225.46
	Employee+Spouse	3	\$265.40	\$323.87	\$407.67	\$465.85	\$634.8
	Employee+Child(ren)	24	\$234.88	\$286.64	\$360.81	\$412.29	\$634.8
	Family	4	\$398.63	\$486.46	\$612.34	\$699.71	\$634.8
	Annual Premium Subtotal	192	\$353,734.44	\$431,685.60	\$543,384.84	\$620,913.72	\$671,745.48
Aggregate Stop-Loss (ASL)	Employee Only	161	\$7.87	\$8.46	\$13.65	\$15.14	\$10.7
	Employee+Spouse	3	\$7.87	\$8.46	\$13.65	\$15.14	\$10.7
	Employee+Child(ren)	24	\$7.87	\$8.46	\$13.65	\$15.14	\$10.7
	Family	4	\$7.87	\$8.46	\$13.65	\$15.14	\$10.7
	Annual Premium Subtotal	192	\$18,132.48	\$19,491.84	\$31,449.60	\$34,882.56	\$24,675.84
	Monthly Accommodation Fee Annual Fee Subtotal	192	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Total Annual Premium/Fees			\$371,866.92	\$451,177.44	\$574,834.44	\$655,796.28	\$696,421.32
				· ,		· ·	
Administrative Costs (Fixed)		Lives					
Administrative Costs (Fixed) Medical Administration Fee		Lives 192	\$25.00	\$25,00	\$25.00	\$25.00	\$25.00
Medical Administration Fee		192	\$25.00 \$15.00	\$25.00 \$15.00	\$25.00 \$15.00	\$25.00 \$15.00	
			\$25.00 \$15.00 \$6.50	\$25.00 \$15.00 \$6.50	\$25.00 \$15.00 \$6.50	\$25.00 \$15.00 \$6.50	\$15.00
Network Access Fee		192 192	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00 \$6.50
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs		192 192	\$15.00 \$6.50	\$15.00 \$6.50	\$15.00 \$6.50	\$15.00 \$6.50	\$15.00 \$6.50 \$107,136.0 0
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost	Variable Cost)	192 192 192	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.0 0
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs	Variable Cost) Employee Only	192 192	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.00 \$6.50 \$107,136.00	\$15.0(\$6.5(\$107,136.0(\$803,557.32
Medical Administration Fee Network Access Fee Broker Service Fee Fotal Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability (*)	Employee Only Employee+Spouse	192 192 192 192 Lives 161 3	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54	\$15.0(\$6.5) \$107,136.0(\$803,557.3) \$526.9 \$1,287.1
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability (*)	Employee Only Employee+Spouse Employee+Child(ren)	192 192 192 192	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85 \$986.67	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76 \$1,099.01	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54 \$1,112.98	\$15.0(\$6.5(\$107,136.0(\$803,557.3; \$526.9 \$1,287.1; \$1,287.1;
Medical Administration Fee Network Access Fee Broker Service Fee Fotal Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability (Aggregate Factors	Employee Only Employee+Spouse Employee+Child(ren) Family	192 192 192 192 Lives 161 3	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94 \$1,802.22	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54	\$15.00 \$6.51 \$107,136.00 \$803,557.3: \$526.9 \$1,287.11 \$1,287.11
Medical Administration Fee Network Access Fee Broker Service Fee Fotal Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate A	Employee Only Employee+Spouse Employee+Child(ren) Family	192 192 192 192 161 3 24 4	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85 \$986.67 \$1,674.49 \$1,485,953.52	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94 \$1,802.22 \$1,599,281.16	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76 \$1,099.01 \$1,865.13 \$1,655,095.32	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54 \$1,112.98 \$1,888.85 \$1,676,146.08	\$15.0(\$6.5) \$107,136.0(\$803,557.3; \$526.9 \$1,287.1' \$1,287.1' \$1,287.1' \$1,496,817.3(
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate Ag	Employee Only Employee+Spouse Employee+Child(ren) Family ttachment Point)	192 192 192 192 161 3 24 4	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85 \$986.67 \$1,674.49 \$1,485,953.52 \$1,188,762.82	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94 \$1,802.22 \$1,599,281.16 \$1,279,424.93	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76 \$1,099.01 \$1,865.13 \$1,655,095.32 \$1,324,076.26	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54 \$1,112.98 \$1,888.85 \$1,676,146.08 \$1,340,916.86	\$15.00 \$6.50 \$107,136.00 \$803,557.32 \$526.9 \$1,287.17 \$1,287.17 \$1,287.17 \$1,496,817.30 \$1,197,453.80
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability (Aggregate Factors Maximum Claim Liability (Aggregate Alexandre Claim Liability Maximum Plan Cost (Includes Separate	Employee Only Employee+Spouse Employee+Child(ren) Family ttachment Point)	192 192 192 192 161 3 24 4	\$15,00 \$6.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85 \$986.67 \$1,674.49 \$1,485,953.52 \$1,188,762.82 \$1,964,956.44	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94 \$1,802.22 \$1,599,281.16 \$1,279,424.93 \$2,157,594.60	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76 \$1,099.01 \$1,865.13 \$1,655,095.32 \$1,324,076.26 \$2,337,065.76	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54 \$1,112.98 \$1,888.85 \$1,676,146.08 \$1,340,916.86 \$2,439,078.36	\$25.00 \$15.00 \$6.50 \$107,136.00 \$803,557.32 \$526.99 \$1,287.17 \$1,287.17 \$1,287.17 \$1,496,817.36 \$1,197,453.88
Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability (*)	Employee Only Employee+Spouse Employee+Child(ren) Family ttachment Point)	192 192 192 192 161 3 24 4	\$15.00 \$5.50 \$107,136.00 \$479,002.92 \$559.67 \$1,114.85 \$986.67 \$1,674.49 \$1,485,953.52 \$1,188,762.82	\$15.00 \$6.50 \$107,136.00 \$558,313.44 \$602.35 \$1,199.88 \$1,061.94 \$1,802.22 \$1,599,281.16 \$1,279,424.93	\$15.00 \$6.50 \$107,136.00 \$681,970.44 \$623.37 \$1,241.76 \$1,099.01 \$1,865.13 \$1,655,095.32 \$1,324,076.26	\$15.00 \$6.50 \$107,136.00 \$762,932.28 \$631.30 \$1,257.54 \$1,112.98 \$1,888.85 \$1,676,146.08 \$1,340,916.86	\$15.00 \$6.50 \$107,136.00 \$803,557.32 \$526.91 \$1,287.17 \$1,287.17 \$1,496,817.36 \$1,197,453.88



Stop-Loss Terms			Option 24	Option 25	Option 26	Option 27	Option 28
Stop-Loss Market			Houston International Insurance Group	Houston International Insurance Group	Tokio Marine HCC	Tokio Marine HCC	Berkley Accident and Health
Stop-Loss Carrier and Financial Rating			Great Midwest Insurance Company : A	Houston International Insurance Group : A	HCC Life Insurance Company : A++	HCC Life Insurance Company : A++	Berkley Life and Health Insurance Company: A+
ASO/TPA			Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	Benefit Plan Administrators, Inc.	CIGNA Health and Life Insurance Company	Benefit Administrative Systems, LLC
Provider Network			RBP Claim Doc at 120% of Medicare and 10% of Billed Charges in Fees	CIGNA PPO	RBP 120% of Medicare	CIGNA PPO	CIGNA PPC
ndividual Stop-Loss (ISL) Terms							
Deductible Deductible Accumulation			\$100,000 Per Member/Individual	\$100,000 Per Member/Individual	\$100,000 Per Member/Individual	\$100,000 Per Member/Individual	\$100,000 Per Member/Individua
Separate Individual Deductible (Lase	rs)		Pending Disclosure	Pending Disclosure	Pending Disclosure	Pending Disclosure	Pending Disclosure
Separate Aggregating Specific Deduc			\$0	\$0	\$0	\$0	\$(
Maximum Coverage Limit			Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis			12/12	12/12	12/12	12/12	12/1:
Coverages Included			Medical;Rx	Medical;Rx	Medical;Rx	Medical;Rx	Medical;R
Terminal Liability Option Provision			Yes Yes	Yes	No Yes	Yes Yes	Ye
IRO Extended Liability Provision No New Laser at Renewal with Rate	Can Provision		No.	Yes No	No	No	Ye: No
Plan Mirroring Provision	Cap i Tovision		Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval required	Yes; Plan approval require
Advance Reimbursement Provision			Yes	Yes	Yes	Yes	Yes, Flair approval require
Experience Refund Provision			No	No	No	No	No
Retirees Covered			No	No	No	No	No
Aggregate Stop-Loss (ASL) Terms							
Deductible Corridor			125%	125%	125%	125%	125%
Contract Basis			12/12	12/12	12/12	12/12	12/12
Annual Maximum Benefit			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages Included Minimum Annual Attachment Point			Medical;Rx	Medical;Rx \$1.732.979	Medical;Rx \$1,805,374	Medical;Rx \$1.829.458	Medical;R: \$1,497,267
Run-In / Run-Out Limit			\$1,610,122 \$0	\$1,732,979 \$0	\$1,605,374 \$0	\$1,629,456 \$0	\$1,497,267 \$0
Terminal Liability Option Provision			Yes	Yes	No	Yes	Yes
Monthly Accommodation Provision			Available for \$1.50 PEPM	Available for \$1.50 PEPM	Available for \$1.50 PEPM	Available for \$1.50 PEPM	No.
Retirees Covered			No	No	No	No	No
Status			Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingen
Commission			15.00%	15.00%	15.00%	15.00%	15.00%
Stop-Loss Premium (Fixed Cost)		Lives					
Individual Stop-Loss (ISL)	Employee Only	161	\$96.79	\$119.49	\$157.23	\$181.34	\$174.19
	Employee+Spouse	3	\$192.81	\$238.02	\$313.21	\$361.22	\$557.38
	Employee+Child(ren)	24	\$170.64	\$210.67	\$277.21	\$319.69	\$557.38
	Family Annual Premium Subtotal	4 192	\$289.59	\$357.51	\$470.46	\$542.54	\$557.38
	Annual Premium Subtotal	192	\$256,984.08	\$317,256.84	\$417,462.48	\$481,465.44	\$543,880.44
Aggregate Stop-Loss (ASL)	Employee Only	161	\$10.45				
	E 1 0			\$11.24	\$14.05	\$15.55	\$13.41
	Employee+Spouse	3	\$10.45	\$11.24 \$11.24	\$14.05 \$14.05	\$15.55 \$15.55	\$13.41 \$13.41
	Employee+Child(ren)	3 24	\$10.45 \$10.45	\$11.24 \$11.24	\$14.05 \$14.05	\$15.55 \$15.55	\$13.41 \$13.41
	Employee+Child(ren) Family	24 4	\$10.45 \$10.45 \$10.45	\$11.24 \$11.24 \$11.24	\$14.05 \$14.05 \$14.05	\$15.55 \$15.55 \$15.55	\$13.41 \$13.41 \$13.41
	Employee+Child(ren)	24	\$10.45 \$10.45	\$11.24 \$11.24	\$14.05 \$14.05	\$15.55 \$15.55	\$13.41 \$13.41
	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4	\$10.45 \$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00	\$13.41 \$13.41 \$13.41 \$30,896.64 \$0.00
	Employee+Child(ren) Family Annual Premium Subtotal	24 4 192	\$10.45 \$10.45 \$10.45 \$24.076.80 \$0.00	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00	\$13.41 \$13.41 \$13.41 \$30,896.64 \$0.00
	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192	\$10.45 \$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00	\$13.41 \$13.41 \$13.41 \$30,896.64 \$0.00
Administrative Costs (Fixed)	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192	\$10.45 \$10.45 \$10.45 \$24.076.80 \$0.00 \$0.00	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64	\$13.41 \$13.41 \$13.896.64 \$0.00 \$0.00
Administrative Costs (Fixed) Medical Administration Fee	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192 Lives	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192 192 Lives 192 192	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64	\$13.41 \$13.41 \$13.41 \$30,896.64 \$0.00 \$574,777.08 \$25.00 \$15.00
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192 Lives	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee	24 4 192 192 192 Lives 192 192	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$6.55
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal	24 4 192 192 192 Lives 192 192	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50 \$107,136.00	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50 \$107,136.00	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00	\$13.41 \$13.41 \$30,896.64 \$0.00 \$574,777.08 \$25.00 \$15.00 \$6.50 \$107,136.00
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal	24 4 192 192 192 Lives 192 192 192	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00	\$11.24 \$11.24 \$11.24 \$25.896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50 \$107,136.00	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50 \$107,136.00	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00	\$13.41 \$13.41 \$30,896.64 \$0.00 \$574,777.08 \$25.00 \$15.00 \$6.50 \$107,136.00
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse	24 4 192 192 192 192 192 192 193 161 161 3	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$15.00 \$107,136.00 \$388,196.88	\$11.24 \$11.24 \$11.24 \$25.896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64	\$13.41 \$13.41 \$30,896.64 \$0.00 \$574,777.08 \$574,777.08 \$15.00 \$6.50 \$107,136.00 \$681,913.08
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren)	24 4 192 192 192 192 192 192 161 3 24	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00 \$388,196.88	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$685.94 \$1,366.40 \$1,209.33	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$65.5 \$107,136.00 \$681,913.08
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family	24 4 192 192 192 192 192 192 161 3 24 4	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$15.00 \$107,136.00 \$388,196.88	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$685.94 \$1,366.40 \$1,209.33 \$2,052.36	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$65.5 \$107,136.00 \$681,913.08 \$578.07 \$1,412.14 \$1,412.14
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate A	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family	24 4 192 192 192 192 192 192 161 3 24	\$10.45 \$10.45 \$10.45 \$24.076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.55 \$107,136.00 \$388,196.88 \$603.70 \$1,202.60 \$1,064.35 \$1,166.31	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80 \$649.77 \$1,294.34 \$1,145.53 \$1,944.10 \$1,725,181.32	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68 \$676.91 \$1,348.42 \$1,193.41 \$2,025.33 \$1,797,251.16	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$1,366.40 \$1,209.33 \$2,052.36 \$1,821,226.80	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$65.5 \$107,136.00 \$681,913.08 \$578.07 \$1,412.14 \$1,412.14 \$1,412.14
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregale Factors Maximum Claim Liability (Aggregate A	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	24 4 192 192 192 192 192 192 161 3 24 4	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$15.00 \$107,136.00 \$388,196.88 \$630.70 \$1,202.60 \$1,064.35 \$1,806.31 \$1,602,877.68	\$11.24 \$11.24 \$11.24 \$25.896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80 \$649.77 \$1,294.34 \$1,145.53 \$1,944.10 \$1,725,181.32	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68 \$676.91 \$1,348.42 \$1,193.41 \$2,025.33 \$1,797,251.16	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$1,209.33 \$2,052.36 \$1,821,226.80 \$1,456,981.44	\$13.41 \$13.41 \$30,896.64 \$0.00 \$574,777.08 \$574,777.08 \$25.00 \$15.00 \$6.50 \$107,136.00 \$681,913.08 \$578.07 \$1,412.14 \$1,412.14 \$1,412.14 \$1,642,147.32 \$1,313,717.86
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate Accepted Claim Liability Maximum Plan Cost (Includes Separate)	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	24 4 192 192 192 192 192 192 161 3 24 4	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00 \$388,196.88 \$603.70 \$1,202.60 \$1,064.35 \$1,806.31 \$1,602,877.68	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80 \$649.77 \$1,294.34 \$1,145.53 \$1,944.10 \$1,725,181.32 \$1,380,145.06 \$2,175,471.12	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68 \$676.91 \$1,348.42 \$1,193.41 \$2,025.33 \$1,797,251.16 \$1,437,800.93	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$685.94 \$1,366.40 \$1,209.33 \$2,052.36 \$1,821,226.80 \$1,456,981.44 \$2,445,655.44	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$65.5 \$107,136.00 \$681,913.08 \$578.07 \$1,412.14 \$1,41
Administrative Costs (Fixed) Medical Administration Fee Network Access Fee Broker Service Fee Total Annual Administrative Costs Fotal Annual Fixed Cost Stop-Loss Aggregate Claim Liability Aggregate Factors Maximum Claim Liability (Aggregate A Expected Claim Liability Maximum Plan Cost (Includes Separal Expected Plan Cost	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	24 4 192 192 192 192 192 192 161 3 24 4	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00 \$388,196.88 \$603.70 \$1,202.60 \$1,1602,877.68 \$1,806.31 \$1,802,877.68	\$11.24 \$11.24 \$11.24 \$25.896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80 \$649.77 \$1,294.34 \$1,145.53 \$1,944.10 \$1,725,181.32 \$1,380,145.06 \$2,175,471.12	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68 \$676.91 \$1,348.42 \$1,193.41 \$2,025.33 \$1,797,251.16 \$1,437,800.93 \$2,354,220.84 \$1,994,770.61	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$685.94 \$1,366.40 \$1,209.33 \$2,052.36 \$1,821,226.80 \$1,456,981.44 \$2,445,655.44	\$13.41 \$13.41 \$30,896.64 \$0.00 \$0.00 \$574,777.08 \$25.00 \$15.00 \$6.50 \$107,136.00 \$681,913.08 \$578.07 \$1,412.14 \$1,412.14 \$1,44
Network Access Fee Broker Service Fee Total Annual Administrative Costs Total Annual Fixed Cost Stop-Loss Aggregate Claim Liability	Employee+Child(ren) Family Annual Premium Subtotal Monthly Accommodation Fee Annual Fee Subtotal (Variable Cost) Employee Only Employee+Spouse Employee+Child(ren) Family Attachment Point)	24 4 192 192 192 192 192 192 161 3 24 4	\$10.45 \$10.45 \$10.45 \$24,076.80 \$0.00 \$0.00 \$281,060.88 \$25.00 \$15.00 \$6.50 \$107,136.00 \$388,196.88 \$603.70 \$1,202.60 \$1,064.35 \$1,806.31 \$1,602,877.68	\$11.24 \$11.24 \$11.24 \$25,896.96 \$0.00 \$0.00 \$343,153.80 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$450,289.80 \$649.77 \$1,294.34 \$1,145.53 \$1,944.10 \$1,725,181.32 \$1,380,145.06 \$2,175,471.12	\$14.05 \$14.05 \$14.05 \$32,371.20 \$0.00 \$0.00 \$0.00 \$449,833.68 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$556,969.68 \$676.91 \$1,348.42 \$1,193.41 \$2,025.33 \$1,797,251.16 \$1,437,800.93	\$15.55 \$15.55 \$15.55 \$35,827.20 \$0.00 \$0.00 \$517,292.64 \$25.00 \$15.00 \$15.00 \$6.50 \$107,136.00 \$624,428.64 \$685.94 \$1,366.40 \$1,209.33 \$2,052.36 \$1,821,226.80 \$1,456,981.44 \$2,445,655.44	\$13. \$13. \$30,896. \$01. \$574,777. \$25. \$15. \$68. \$107,136. \$681,913. \$578. \$1,412. \$1,





SBR Underwriting Projection



ABC Company - Stop-Loss Insurance - 2019-11-01 Projection Period Begin Date 11/1/2019 Projection Period End Date 10/31/2020

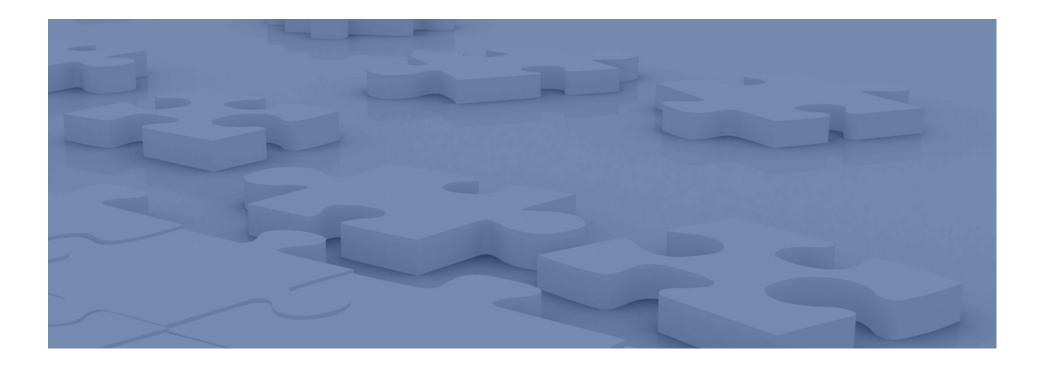
		Medical			Rx	
	Current Year	Prior Year 1	Prior Year 2	Current Year	Prior Year 1	Prior Year 2
Experience From Date	5/1/2018	5/1/2017	5/1/2016	5/1/2018	5/1/2017	5/1/2016
Experience To Date	4/30/2019	4/30/2018	4/30/2017	4/30/2019	4/30/2018	4/30/2017
Average Enrollment - Single	148	138	135	148	138	135
Average Enrollment - Family	28	26	20	28	26	25
Paid Claims	\$1,237,461	\$687,276	\$596,624	\$324,530	\$298,907	\$209,456
Add: Pended Claims	\$0			\$0		
Less: ISL Reimbursements	\$517,022	\$101,146	\$112,752			
Less: Large/Resolved Claims	\$0			\$0		
Net Paid Claims	\$720,439	\$586,130	\$483,872	\$324,530	\$298,907	\$209,456
Historical Plan Changes Adjustment		1.00	1.00		1.00	1.00
Adjusted Net Paid Claims	\$790,675	\$691,333	\$663,532	\$324,530		
Number of Months in Experience	12	12	12	12	12	12
Average Monthly Claims	\$60,037	\$48,844	\$40,323	\$27,044	\$24,909	\$17,455
Enrollment Growth	1.097	1.179	1.371	1.100	1.180	1.220
Annual Trend	7.70%	7.70%	7.70%	11.50%	11.50%	11.50%
Trend Months	18	30	42	18	30	42
Effective Trend Rate	11.80%	20.41%	29.68%	17.79%	31.34%	46.44%
Average Trended Monthly Claims	\$73,667	\$69,371	\$71,708	\$34,961	\$38,586	\$31,089
Annualized Trended Claims	\$884,003	\$832,451	\$860,497	\$419,529	\$463,032	\$373,068
Blending (Weight)	60.0%	30.0%	10.0%	60.0%	30.0%	10.0%

By Line of Coverage		
Expected Claims (Before Plan Changes)	\$866,187	\$427,934
Proposed Plan Changes Adjustment	1.00	1.00
Expected Claims (After Plan Changes)	\$866,187	\$427,934
Contract Basis Adjustment	1.00	1.00
Aggregate Corridor	125%	125%
Aggregate Attachment Point	\$1,082,734	\$534,917
Current Enrollment - Single	161	161
Current Enrollment - Family	31	31
Expected Claims (PEPY)	\$4,511	\$2,229
Aggregate Attachment Point (PEPY)	\$5,639	\$2,786

Total Expected Claims \$1,294,121 Expected Claims (PEPY) \$6,740

Aggregate Attachment Point \$1,617,651
Aggregate Attachment Point (PEPY) \$8,425





Stop-Loss Risk Decision Support Analytics



Company Name: ABC Company Plan Effective Date: 11/1/2019

Fully Insured vs Self-Funded

Fully Insured Rate (FI)	SL Structure 1	SL Structure 2
Fully Insured Premium - Projected	\$2,403,393	\$2,403,393

Self-Funding	SL Structure 1	SL Structure 2
Specific Deductible	50,000	75,000
Aggregate Margin	125%	125%
Expected Cost to Self Insure	\$2,006,535	\$1,971,116
Expected Savings/(Expense) vs. FI	\$396,858	\$432,277
Probability of Outperforming FI	99.6%	99.5%
Aggregate Attachment Point	\$1,568,039	\$1,730,684
Maximum Cost*	\$2,233,719	\$2,233,944
Probability of Reaching Maximum Cost	7.0%	8.2%

^{*} Maximum Cost is the Aggregate Attachment Point plus Expenses

Expected Cost to Self Insure	SL Structure 1	SL Structure 2
Estimated Claims Payable by the Plan	\$1,381,298	\$1,492,183
Stop Loss Premium	\$517,847	\$371,543
Administration Expenses	\$107,389	\$107,389
Total Expected Cost to Self Insure	\$2,006,535	\$1,971,116



Powered by Claros Analytics



									8/26/2019
Risk structure	Base Case	Scenario					User Rates	Base Case	Scenario
ffective Date	11/1/2019	11/1/2019		Base Case	Scenario		Fully Insured Premium (annual)		
pecific deductible	50,000	75,000	Se: AB	C COmpany	Se: Virginia Luthe	ran Homes	Spec & Agg Prem (PEPM)	224.76	161.26
ncurred-In Period - Specific	12	12	Sc: \$!	OK ISL	Sc: \$75K ISL		Admin expenses (PEPM)	46.61	46.61
Paid-In Period - Specific	15	15	Risk to	lerance of the group	Base Case	Scenario	Ann Agg Spec Corr Credit		
aggregate margin	25.0%	25.0%	Target	Capital @ Risk (T C@R)			Add known risk (annual)		
aggregating spec corridor				ence Level	90%	90%	Agg Attachment Point	1,568,039	1,730,684
Reward for self-funding	11/1/2019	11/1/2019	Risk o	self-funding	11/1/2019	11/1/2019			
Fully Insured vs Self Funded w/o Stop Lo	Base Case	Scenario	Does the risk structure i	neet the risk tolerance?	Base Case	Scenario	Claros Risk Structure Score		
Jser - Fully Insured (FI) cost - (annual)	-		Expected plan cost		2,006,535	1,971,116	Claros risk structure score (higher is better)		95.8
stimated Fully Insured (FI) cost 2,403,	3 2,403,393	2,403,393	Required Cap@Risk fo	r confidence level	261,331	316,776	Likelihood of Scenario beating the Base Case		74.0%
fully Insured (FI) cost - Sol'n using 2,403,	3 2,403,393	2,403,393	Expected plan cost + R	equired Cap@Risk	2,267,866	2,287,892			
expected plan cost (SF) 2,017,0	2 2,006,535	1,971,116	Confidence level < Rec	uired Cap@Risk	90%	90%			
Expected Return for self-funding	396,858	432,277	Expected plan cost		2,006,535	1,971,116		Base Case	Scenario
Likelihood of beating FI	99.6%	99.5%	Target Capital @ Risk	T C@R)	-	-	Likelihood of beating Fully Insured - 1 Year	99.6%	99.5%
98% Cap @ Risk (98% C@R)	327,864	372,849	Expected plan cost + T	arget Cap@Risk	2,006,535	1,971,116	Likelihood of beating Fully Insured - 3 Year	100.0%	100.0%
Exp return on 98% C@R	121.0%		Confidence level < Tar	•	50%	50%	Likelihood of beating Fully Insured - 5 Year	100.0%	100.0%
Jan-00							, , , , , , , , , , , , , , , , , , ,		
Expected Return of Self-Funding		Likelihood of Be	eating FI	3000000			Plan Cost versus FI Premium		
,			-			3F I	Plan Cost versus Fi Premium		
500,000	100.0%			2500000					
450,000 -				2300000					
400,000				2000000					
350,000 -				an C					
300,000 -				1500000					
121.0%	50.0%	99.6%	99.5%	l nu					
250,000 - 121.0%	30.0%	33.0%	99.3%	T 1000000					
				ig 1000000					
200,000 - 115.9%				=					
	1 1			500000					
200,000 - 115,9% 150,000 -									
150,000 - 100,000 -				0 —					
150,000 - 100,000 - 50,000 -	0.0%			0 —		بر بار مار مار مار مار مار مار	~ * * * * * * * * * * * * * * * * * * *	4 1 4 1 8	જ જ જ જ જ
150,000 - 100,000 -	0.0%	Base Case	Scenario	0 —	2 \$ \$ \$ \$ \$ \$ \$ \$	rg 28 25 25		10% 15% 82%	85% 95% 98%

-----BC SF Plan Cost

-----SC SF Plan Cost

----- BC FI Premium



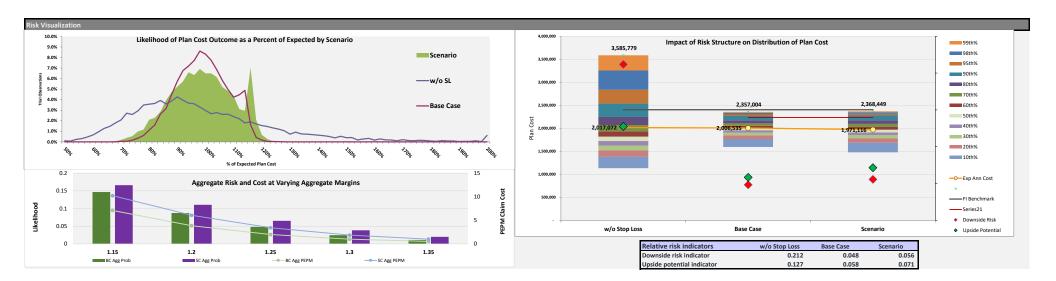
----SC FI Premium

Riel- Desision Commant Colortion Francisco Coton	*					Clause Brown Bate Assumentions Fully Income	ad European			
Risk Decision Support Solution Experience Setup						Claros Proxy Rate Assumptions - Fully Insure	ea Expenses			
	Case Scenario									
Number of employees	192 192					Fully insured				
% with single coverage	83.9% 83.9%					L		User Override	Base Case	Scenario
Members	249 249					Expected Annual Incurred Claims		L	1,862,380	1,862,380
Dependent Ratio	1.30 1.30					Fixed Dollar	-			
						PPACA - Effectiveness Research Fee (PEPM)	0.11		249	249
	1/1/2019					Variable %	-			
Years blended in experience	3					Administration	12.50%	12.5%	300,424	300,424
		Trended				PPACA - Health Industry Fee	2.50%	2.5%	60,085	60,085
	or	Exper < SL		Adjusted		Profit	0.00%	0.0%	-	-
	Annual < SL Deductible*	@ 11/1/2019	Manual	Manual	Solution Using	Premium tax total	2.50%	2.5%	60,085	60,085
ncurred claims	1,294,121	1,306,059	1,450,408		1,340,855	Mandated benefits not in self funded plan	0.00%	0.0%	-	-
poling Point (< SL only)	50,000	50,000	50,000			Commission	5.00%	5.0%	120,170	120,170
xperience Credibility		75.9%	24.1%			Total Variable Expenses	22.50%		540,763	540,763
		1,725,852	1,971,934	-	-	Total			2,403,393	2,403,393
*Claims "< SL Deductible" mu	ust be < BC SL Deductible									
Claros Proxy Rate Assumptions - Self-Funded Adminis	tration Expenses					Claros Proxy Rate Assumptions - Self-Funder	d Stop Loss			
elf funded / ASO						Stan Loss				
en funded / ASO	PEPM	Harris Original dia	D C	Scenario		Stop Loss			D C	Comments
Claires Decreased (DEDAM)		User Override	Base Case			Administration	42.000/	12.000/	Base Case	Scenario
Claims Payment (PEPM)	25.00	25.00	57,600	57,600		Administration Profit	13.00%	13.00%	109,904	80,637
Est. PPACA fees (PEPM)	0.11	45.00	249	249		Profit Premium Tax	7.00%	2.500/	59,179	43,420
Network Access Fee (PEPM)	15.00	15.00	34,560	34,560			2.50%	2.50%	21,135	15,507
Medical Management (PEPM)	-	-	-	-		Commission	15.00%	15.00%	126,812	93,043
Disease Management (PEPM)	-	-	-	-						
Pharmacy (PEPM)	-	-	-	-		Total Stop loss carrier expenses	37.50%		317,031	232,607
Pharmacy Rebate (PEPM) - (enter as negative)	-	-	-	-						
Consultant Fee (PEPM)	-		-	-						
Commission (PEPM)	-	-	-	-						
otal	40.11		92,409	92,409						

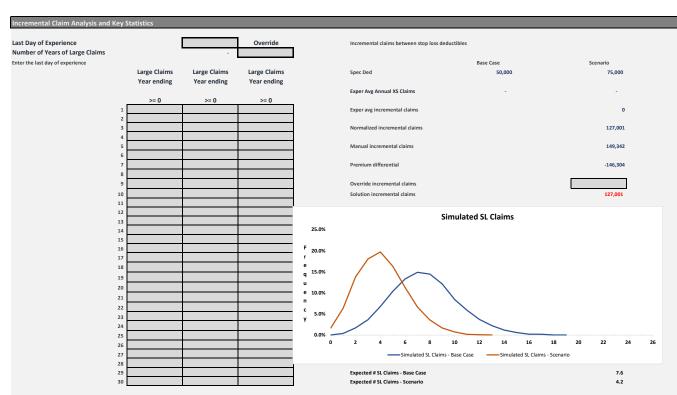


Risk structure analysis	11/1/2019	11/1/2019											
Development of Total Plan Cost	Base Case	Scenario	Difference	Est. Stop Loss Premium		Base Case	Scenario	Difference		Claros Risk	Structure Score		
Exp grp claims< specific SL deductible	1,340,855	1,467,856	9.5%	Spec & Agg Prem (PEPM)		333.65	244.80	-26.6%	2.00			Benchma	
Exp grp claims in AS corr	-	-	0.0%	Specific - single		287.02	208.74	-27.3%				benchma	JIK .
Exp Stop Loss Contract Risk	47,302	34,261	-27.6%	Specific - family		660.16	480.11	-27.3%					
Exp Aggregate reimbursement	(6,859)	(9,934)	44.8%	Aggregate Claim Cost - per EE		2.98	4.31	44.8%	E				
User - Add known risk (annual)	-	-	0.0%	Total exp spec & agg cost		768,736	564,026	-26.6%	ي			◆ Scenario	,
Estimated group claims	1,381,298	1,492,183	8.0%	Aggregate risk		Base Case	Scenario	Difference	2 5		•		
User - Spec & Agg Prem (annual)	517,847	371,543	-28.3%	Likelihood of aggregate claim		7.0%	8.2%	16.5%	Ĕ 1.00		7	-	
Exp carrier spec claims (based on manual)	521,526	377,745	-27.6%	Exp aggregate claim		97,702	121,441	24.3%	ge	/			
Exp carrier aggregate claims	6,859	9,934	44.8%	Expected agg claim cost		6,859	9,934	44.8%	g.			- WSS Risk	Structure
Estimated carrier expenses	317,031	232,607	-26.6%	PEPM - claim cost		2.98	4.31	44.8%	- u			Score	
Contract adjustment (spec)	(76,679)	(56,260)	-26.6%	User - Agg Attach Point		1,568,039	1,730,684	10.4%					
Est. SL premium (based on manual)	768,736	564,026	-26.6%	Agg Attach Point		1,606,511	1,758,675	9.5%				Relative	Efficiency
SL premium - Solution Using	517,847	371,543	-28.3%	Agg Attach Point (Solution)		1,568,039	1,730,684	10.4%		-	1.00	2.00	Linciency
User - Agg Spec Corr Credit (annual)	-	-	0.0%	Agg Attach Point (+ expenses)		2,233,719	2,233,944	0.0%			pital @ Risk	2.00	
Experience usage of the AS corridor	-	-	0.0%	Agg Attach Point + Exp (Pct %)		87%	86%				pitai @ Kisk		
Manual usage of the AS corridor	-	-	0.0%		Percent of expected	d claims < SL Ded		115%	120%	125%	130%	135%	
Expense credit for AS corridor	-	-	0.0%		Agg Att Point - B	С		1,477,991	1,542,251	1,606,511	1,670,772	1,735,032	
Agg Spec Corr Credit - Solution Using	-	-	0.0%		Agg Att Point - So	С		1,617,981	1,688,328	1,758,675	1,829,022	1,899,369	
User - admin expenses (annual)	107,389	107,389	0.0%		Likelihood of Age	g claim - BC		14.7%	8.7%	4.8%	2.5%	1.1%	
Estimated admin expenses	92,409	92,409	0.0%		Likelihood of Age	g claim - SC		16.6%	11.1%	6.5%	3.9%	2.0%	
Admin expenses - Solution Using	107,389	107,389	0.0%		PEPM claim cost	- BC		7.09	3.86	1.99	1.01	0.52	
Total expected plan cost	2,006,535	1,971,116	-1.8%		PEPM claim cost	- SC		10.22	6.08	3.42	1.87	1.01	





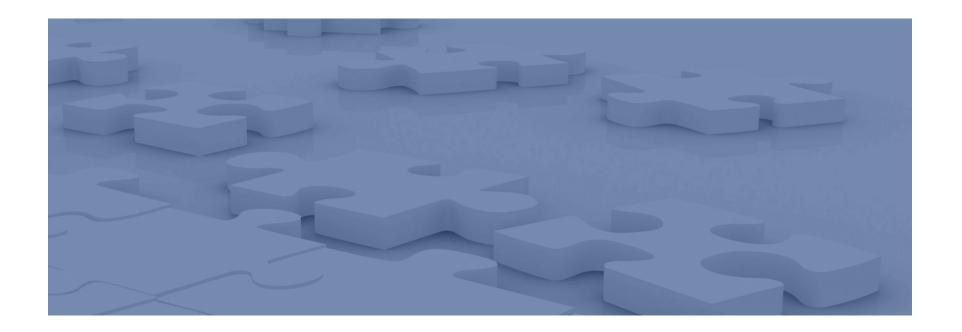




Incremental Claim Analysis			
	Base Case	Scenario	Diff BC to SC
	Comp PMPY	Comp PMPY	% Change
Final Plan Benefit Change	\$7,258.37	\$7,258.37	0.0%
Total Billed Charges	9,991.70	9,991.70	0.0%
Adjust for Normalization	-7.8%	-7.8%	0.0%
Adjust forTrend	34.1%	34.1%	0.0%
Adjust for Area	-8.0%	-8.0%	0.0%
Adjust for Age/Gender	3.3%	3.3%	0.0%
Adjust for Industry	17.3%	17.3%	0.0%
Adjust for Network Discounts	-39.0%	-39.0%	0.0%
Adjust for User Util	0.0%	0.0%	0.0%
Adjust for Induced Demand Util	0.8%	0.8%	0.0%
Total Allowed Charges	8,461.53	8,461.53	0.0%
Total Plan cost prior to expenses and enrollment	7,258.37	7,258.37	0.0%

Simulation Trials	w/o Stop Loss	Base Case	Scenario
Maximum Trial	15,328,223	3,228,378	3,177,062
99th % plan cost	3,585,779	2,357,004	2,368,449
98th % plan cost	3,256,576	2,334,399	2,343,965
95th % plan cost	2,836,057	2,299,811	2,312,646
90th % plan cost	2,536,990	2,267,866	2,287,892
1st % plan cost	1,132,896	1,593,598	1,478,059
Minimum Trial	864,761	1,406,095	1,290,075

Key Stats	w/o Stop Loss	Base Case	Scenario
Chance of exceeding exp plan cost	41.3%	49.7%	49.8%
Expected downside (loss)	(453,456)	(150,243)	(178,728)
Chance of beating exp plan cost	58.7%	50.3%	50.2%
Expected upside gain	319,437	148,391	177,375
Expected # of Claims > SL Deductible		7.6	4.2
Exp (loss) when FI exceeded		(79,222)	(70,390)





Houston International Insurance Group All standard Policy provisions apply. The laws of the state where the policy is issued will apply. Certain conditions, exclusions and limitations may apply. Please feel free to request a sample policy to review.

This proposal is based on a description of the employee benefit plan(s) provided and accepted by HIIG-Accident & Health, employee and dependent census data, submission of any requested claim information, plus any other information relevant to the underwriting risk. If any of the information was incorrect or changes the risk involved, the rates and/or factors will be modified, and the specific claims may be adjusted accordingly. We will not be bound by any typographical errors contained herein. Subject to the following qualifications, the proposed terms are valid for an effective date of 11/01/2019 provided application and deposit premiums are submitted within 15 days of the effective date.

The proposal is based on your Agent being properly licensed and appointed.

This proposal is based on the plan of benefits including a pre-certification, utilization review and large case management program. Terms, including premium rates, are subject to change should the number of employees change by 10% or more, either in total and/or by single/family mix.

This proposal is based on a minimum participation level of 75% for all eligible enrollees.

This proposal is based on no more than 5% COBRA participation.

Rates and factors are based on the current plan(s) of benefits.

Proposal is based on utilization of the following Provider network(s):

120% of Medicare (ClaimDOC) - 10% of Billed Charges

Proposal is based on Benefit Plan Administrators, Inc. as the claims administrator and that the firm satisfies criteria for formal approval. Claims administrator must provide and maintain necessary documentation for formal appropriate.

Network Access Fees are not eligible for reimbursement under the Specific or Aggregate Coverage unless specified elsewhere in this proposal.

For Specific claimants otherwise eligible under the Policy, any incurred, run-in claims must be disclosed in writing to us by the Plan or the Plan's

Administrator prior to the date of binding coverage, otherwise such claims will not be considered eligible under the Policy. "Incurred Run-In Claims", for the purpose of disclosure, are claims that have been submitted to the Plan or to the Plan or to the Plan's Administrator by a medical provider prior to the date of

binding coverage of HIIG Accident & Health's Policy.

Proposed rates are exclusive of any state assessments that may apply.

Expenses for taxes, fees and surcharges that may be imposed on the Benefit Plan by Federal, State or Local governments are not covered. HIIG-Accident & Health must receive a signed plan document within 90 days of the effective date. HIIG-Accident & Health cannot adjudicate claims in the absence of the signed plan document in effect when an eligible claim was incurred. If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, the rates, factors and terms may be subject to re-rating, retroactive to the effective date.

This proposal is based on your plan being an unfunded ERISA plan, unless you indicate otherwise on this proposal.

Specific Advance Reimbursement is included, subject to eligible claims that exceed the specific deductible by a minimum of \$2,000.

HSA Excluded - Health Savings Accounts are the property of the individual member and any claims associated with an HSA are not reimbursable under the Stop Loss Policy.

HRA Excluded - All claims related to a Health Reimbursement Account, whether currently active or proposed under the Employer's Benefit Plan will be excluded under the Stop Loss Policy, unless specified elsewhere in this proposal as covered under the Specific and/or Aggregate Stop Loss portion of the Policy.

Retirees are excluded under the stop loss coverage.

This offer is "illustrative" only and rates, terms and conditions are subject to change.

Quote is subject to receipt and evaluation of updated paid claims, enrollment, 50% report, pre-cert, trigger report, pending/denied claims, RX report, and case management notes through October 2019.

Rates and factors are based on ClaimDOC 120% MRBP for facilities and PHCS for physicians as the PPO network. If the network changes, we reserve the right to recalculate the rates and/or factors.

This proposal assumes that the maximum benefit payable by the self-funded plan for any Hospital Inpatient or Outpatient covered service will not exceed the greater of a.) 120% of Medicare's reimbursement for the same service to the same provider or b.) for Medicare defined

This proposal assumes that ClaimDOC fees have been included and accounted for in the Specific and Aggregate claims reports provided by the TPA, if applicable. Such fees will be eligible under the stop loss contract as a claim expense, subject to a maximum of 10% of Billed Charges with caps of \$25,000 for certified claims and \$50,000 for emergent claims. We reserve the right to modify our offer in terms

of premiums and the aggregate attachment factors if this is not the case.

Certain Circumstances may require that the plan sign a direct contract with a medical provider for payment amounts that may potentially be higher than the typical percentage of Medicare as stated within the Plan Document. The Carrier will consider such contracted rates to be reimbursable expenses, subject to the caveat that the Carrier may consider covered and reimbursable expenses to be a maximum of 200% of the Medicare allowable payment, unless the Carrier has given prior approval of a settlement above that amount

If a provider disputes a claim payment by the plan in the form of appeals or a lawsuit, the Carrier expects the Policyholder to resolve the dispute within the terms of the stop loss policy, as defined in the Schedule of Insurance. If the TPA or Policyholder promotly notifies the

Carrier in writing when the TPA or Policyholder becomes aware of the dispute and prior to the last date a claim must be paid under the stop loss contract, the Policyholder will be allowed up to 180 days (or longer, with the Carrier's approval) to resolve the dispute from the date the dispute commences.

Specific terms include "Terminal Liability Option".

Aggregate terms include "Terminal Liability Option". The Aggregate Terminal Liability Option is calculated as the greater of:

A) The Actual Annual Aggregate Deductible during the Policy Period multiplied by 125%, or

B) The Minimum Aggregate Deductible multiplied by 125%



Houston International Insurance

Group

PROPOSAL QUALIFICATIONS & CONTINGENCIES

All standard Policy provisions apply. The laws of the state where the policy is issued will apply. Certain conditions, exclusions and limitations may

apply. Please feel free to request a sample policy to review.

This proposal is based on a description of the employee benefit plan(s) provided and accepted by HIIG-Accident & Health, employee and dependent census data, submission of any requested claim information, plus any other information relevant to the underwriting risk. If any of the information was incorrect or changes the risk involved, the rates and/or factors will be modified, and the specific claims may be adjusted accordingly. We will not be bound by any typographical errors contained herein. Subject to the following qualifications, the proposed terms are valid for an effective date of 11/01/2019 provided application and deposit premiums are submitted within 15 days of the effective date.

The proposal is based on your Agent being properly licensed and appointed.

This proposal is based on the plan of benefits including a pre-certification, utilization review and large case management program.

Terms, including premium rates, are subject to change should the number of employees change by 10% or more, either in total and/or by single/family mix.

This proposal is based on a minimum participation level of 75% for all eligible enrollees.

This proposal is based on no more than 5% COBRA participation.

Rates and factors are based on the current plan(s) of benefits.

Proposal is based on utilization of the following Provider network(s):

Cigna (TPA) - PPO

Proposal is based on Benefit Plan Administrators, Inc. as the claims administrator and that the firm satisfies criteria for formal approval. Claims administrator must provide and maintain necessary documentation for formal approval and appointment, as appropriate.

Network Access Fees are not eligible for reimbursement under the Specific or Aggregate Coverage unless specified elsewhere in this proposal.

For Specific claimants otherwise eligible under the Policy, any incurred, run-in claims must be disclosed in writing to us by the Plan or the Plan's Administrator prior to the date of binding coverage, otherwise such claims will not be considered eligible under the Policy. "Incurred Run-In Claims".

for the purpose of disclosure, are claims that have been submitted to the Plan or to the Plan's Administrator by a medical provider prior to the date of binding coverage of HIIG Accident & Health's Policy.

Proposed rates are exclusive of any state assessments that may apply.

Expenses for taxes, fees and surcharges that may be imposed on the Benefit Plan by Federal, State or Local governments are not covered.

HIIG-Accident & Health must receive a signed plan document within 90 days of the effective date. HIIG-Accident & Health cannot adjudicate claims in the absence of the signed plan document in effect when an eligible claim was incurred. If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, the rates, factors and terms may be subject to re-rating, retroactive to the effective date.

This proposal is based on your plan being an unfunded ERISA plan, unless you indicate otherwise on this proposal.

Specific Advance Reimbursement is included, subject to eligible claims that exceed the specific deductible by a minimum of \$2,000.

HSA Excluded - Health Savings Accounts are the property of the individual member and any claims associated with an HSA are not reimbursable under the Stop Loss Policy.

HRA Excluded - All claims related to a Health Reimbursement Account, whether currently active or proposed under the Employer's Benefit Plan will be excluded under the Stop Loss Policy, unless specified elsewhere in this proposal as covered under the Specific and/or Aggregate Stop Loss portion of the Policy.

Retirees are excluded under the stop loss coverage.

This offer is "illustrative" only and rates, terms and conditions are subject to change.

Quote is subject to receipt and evaluation of updated paid claims, enrollment, 50% report, pre-cert, trigger report, pending/denied claims, RX report, and case management notes through October 2019.

Specific terms include "Terminal Liability Option".

Aggregate terms include "Terminal Liability Option". The Aggregate Terminal Liability Option is calculated as the greater of:

A) The Actual Annual Aggregate Deductible during the Policy Period multiplied by 125%, or



Berkley Accident and Health PROPOSAL QUALIFICATIONS AND CONTINGENCIES:

This quote is illustrative and does not constitute an offer to bind coverage. Rates and factors are subject to change and higher individual deductibles may be applied based upon updated claims data. The quote will be reviewed upon receipt of requested updated information. Written notice will be provided by the Company of acceptance of the risk including any updates to the rates/factors or deductibles.

In the event an application for coverage is made, all outstanding items and contingencies must be satisfied within 30 days of the effective date. If not, any collected premium will be returned and the case will be considered as never been bound.

In the event there is a 15% or greater change in enrollment or participation, rates and factors may be recalculated.

Administration costs and network access fees are not included in the stop loss costs or coverage.

Includes Specific Simultaneous Funding.

Minimum participation of 75% of all eligible employees is required.

Quote assumes retirees are not covered under the stop loss policy.

The rates and factors quoted are based on the data submitted. Any inaccurate or incomplete data submitted may result in changes.

Additional compensation may be paid to a licensed producer in addition to the base commission identified herein.

Additional information will be required to complete large claim assessment including updated trigger diagnosis report, in-patient activity report, pre-cert report, denied/pending/held claim report, case management notes, and updated shock loss report with signed disclosure form.

The quote is subject to all policy provisions, limitations, and exclusions.

We will not be bound by any typographical errors or omissions contained herein.

Quote assumes the CIGNA network.

Current year reports through 08/31/2019 needed to establish final terms.

