

**CITY OF SAN LUIS
STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2019**

DESCRIPTION	2018-20199		2019-2020		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote	
	Current Symetra		Renewal Symetra		Option 1 Symetra		Option 2 Symetra		Option 3 Int'l/Sirius America		Option 4 Int'l/Sirius America		Option 5 Int'l/Sirius America	
STOP LOSS POLICY TERMS	\$50,000 Stop Loss		\$50,000 Stop Loss		\$75,000 Stop Loss		\$100,000 Stop Loss		\$50,000 Stop Loss		\$75,000 Stop Loss		\$100,000 Stop Loss	
Specific Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited
Specific Annual Reimbursement		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited
Specific Deductible	\$	50,000	\$	50,000	\$	75,000	\$	100,000	\$	50,000	\$	75,000	\$	100,000
Specific Contract Basis		Paid		Paid		Paid		Paid		Paid		Paid		24/12
Specific Coverage		Medical		Medical		Medical		Medical		Medical		Medical		Medical
Specific Run-In Limits		N/A		N/A		N/A		N/A		N/A		N/A		N/A
Lasered Individuals		None		None		None		None		None		None		None
Aggregate Maximum	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$	1,000,000
Aggregate Coverage		Medical & RX Card		Medical & RX Card		Medical & RX Card		Medical & RX Card		Medical & RX Card		Medical & RX Card		Medical & RX Card
Aggregate Contract Basis		Paid		Paid		Paid		Paid		24/12		24/12		24/12
Aggregate Run-In Limits		N/A		N/A		N/A		N/A		N/A		N/A		N/A
Corridor		25%		25%		25%		25%		25%		25%		25%
STOP LOSS PREMIUM														
Specific Premium														
Employee Rate	124	\$ 88.26	\$ 88.26	\$ 88.26	\$ 68.32	\$ 53.84	124	\$ 91.82	\$ 69.27	\$ 53.46				
Employee + Spouse Rate	10	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	10	\$ 201.07	\$ 151.70	\$ 117.07				
Employee + Child(ren) Rate	52	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	52	\$ 174.44	\$ 131.61	\$ 101.57				
Employee + Spouse & Children Rate	46	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	46	\$ 286.46	\$ 216.12	\$ 166.79				
Projected Total Monthly Specific Premium	232	\$ 39,691.68	\$ 39,691.68	\$ 39,691.68	\$ 31,170.04	\$ 24,985.40	232	\$ 35,644.42	\$ 26,891.72	\$ 20,753.72				
Aggregate Rate PEPM	232	\$ 3.62	\$ 3.62	\$ 3.62	\$ 3.59	\$ 3.65	232	\$ 3.52	\$ 3.75	\$ 3.89				
Projected Monthly Aggregate Premium		\$ 861.84	\$ 839.84	\$ 832.88	\$ 846.80	\$ 816.64		\$ 870.00	\$ 902.48					
TOTAL PROJECTED PREMIUM														
Monthly		\$ 40,553.52	\$ 40,531.52	\$ 32,002.92	\$ 25,832.20	\$ 36,461.06		\$ 27,761.72	\$ 21,656.20					
Annual		\$ 486,642.24	\$ 486,378.24	\$ 384,035.04	\$ 309,986.40	\$ 437,532.72		\$ 333,140.64	\$ 259,874.40					
Percentage of increase over current				-0.05%	-21.08%	-36.30%		-10.09%	-31.54%	-46.60%				
MAXIMUM CLAIM FUNDING FACTORS														
Employee	124	\$ 328.71	\$ 318.84	\$ 343.07	\$ 358.69	124	\$ 382.26	\$ 405.94	\$ 422.48					
Employee + Spouse	10	\$ 816.84	\$ 792.31	\$ 852.52	\$ 891.35	10	\$ 827.15	\$ 889.00	\$ 925.21					
Employee + Children	52	\$ 816.84	\$ 794.31	\$ 852.52	\$ 892.35	52	\$ 726.29	\$ 771.28	\$ 802.70					
Employee + Spouse + Child(ren)	46	\$ 816.84	\$ 794.31	\$ 816.84	\$ 816.84	46	\$ 1,192.65	\$ 1,266.52	\$ 887.62					
TOTAL PROJECTED MAXIMUM FUNDING	232						232							
Monthly		\$ 128,978.76	\$ 125,301.64	\$ 132,971.56	\$ 137,367.90	\$ 148,300.72		\$ 157,593.04	\$ 142,214.60					
Annual		\$ 1,547,745.12	\$ 1,503,619.68	\$ 1,595,658.72	\$ 1,648,414.80	\$ 1,779,608.64		\$ 1,891,116.48	\$ 1,706,575.20					
Percentage of increase over current				-2.85%	3.10%	6.50%		14.98%	22.19%	10.26%				
PROJECTED ADMINISTRATION COSTS														
TPA Claims Administration Fee - Mayo Health	232	\$ 24.50	\$ 24.50	\$ 24.50	\$ 24.50	232	\$ 24.50	\$ 24.50	\$ 24.50					
Dental Claims Administration US Mayo Health	238	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	232	\$ 3.00	\$ 3.00	\$ 3.00					
ACA 1095/1094 Reporting	268	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	268	\$ 3.00	\$ 3.00	\$ 3.00					
PPO Medical Access Fee - BCBS	198	\$ 16.00	\$ 17.50	\$ 17.50	\$ 17.50	198	\$ 17.50	\$ 17.50	\$ 17.50					
Mexico Siarmed/SSA Medical and Dental Claims Admin.	238	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	238	\$ 4.25	\$ 4.25	\$ 4.25					
Total Monthly Administration		\$ 11,381.50	\$ 11,678.50	\$ 11,678.50	\$ 11,678.50		\$ 11,660.50	\$ 11,660.50	\$ 11,660.50					
Total Annual Administration		\$ 136,578.00	\$ 140,142.00	\$ 140,142.00	\$ 140,142.00		\$ 139,926.00	\$ 139,926.00	\$ 139,926.00					
Patient Centered Research Inst. (Est.)	535	\$ 1,278.65	\$ 131.00	\$ 1,310.75	\$ 1,310.75	535	\$ 1,310.75	\$ 1,310.75	\$ 1,310.75					
Total Annual ACA fees	535	\$ 1,278.65	\$ 131.00	\$ 1,310.75	\$ 1,310.75	535	\$ 1,310.75	\$ 1,310.75	\$ 1,310.75					
Total Annual Administration Fees With Reinsurance & PPCORI		\$ 137,856.65	\$ 140,273.00	\$ 141,452.75	\$ 141,452.75		\$ 141,236.75	\$ 141,236.75	\$ 141,236.75					
Percentage of Increase/Decrease Over Current			1.8%	2.6%	2.6%	2.5%	2.5%	2.5%	2.5%					
TOTAL PROJECTED PREMIUM, CLAIMS FUNDING & ADMINISTRATION COSTS														
Monthly		\$ 178,410.17	\$ 180,804.52	\$ 173,455.67	\$ 167,284.95	\$ 177,697.81		\$ 168,998.47	\$ 162,892.95					
Annual		\$ 2,140,922.04	\$ 2,130,270.92	\$ 2,121,146.51	\$ 2,099,853.95	\$ 2,132,373.72		\$ 2,027,981.64	\$ 1,954,715.40					
Percentage of Increase Over Current			-0.50%	-0.92%	-1.92%	-0.40%	-5.28%	-8.70%						

- Rates for the Stop Loss and Aggregate are not final until 4/30/2019 BCBS Network fee originally increase to \$17.50 for 1 year - negotiated 2 years for \$17.50

PCCOR fees for 2017 \$2.30 and 2018 \$2.45 for Average number of lives insured

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions. For actual benefits refer to the carrier proposal.