

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

DESCRIPTION		2018-2019 Current Symetra		2019-2020 Renewal Initial Quote Symetra		2019-2020 Renewal Final Symetra		2019-2020 Renewal Final Option 1 Symetra	
STOP LOSS POLICY TERMS		\$50,000 Stop Loss		\$50,000 Stop Loss		\$50,000 Stop Loss		\$50,000 Stop Loss	
Specific Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited	
Specific Annual Reimbursement		Unlimited		Unlimited		Unlimited		Unlimited	
Specific Deductible		\$ 50,000		\$ 50,000		\$ 50,000		\$ 50,000	
Specific Contract Basis		Paid		Paid		Paid		24/12	
Specific Coverage		Medical		Medical		Medical		Medical	
Specific Run-In Limits		N/A		N/A		N/A		N/A	
Lasered Individuals		None		None		None		None	
Aggregate Maximum		\$ 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	
Aggregate Contract Basis		Paid		Paid		24/12		24/12	
Aggregate Run-In Limits		N/A		N/A		N/A		N/A	
Corridor		25%		25%		25%		25%	
STOP LOSS PREMIUM									
Specific Premium									
Employee Rate	124	\$ 88.26		\$ 88.26	124	\$ 88.26		\$ 87.71	
Employee + Spouse Rate	10	\$ 266.18		\$ 266.18	10	\$ 266.18		\$ 264.47	
Employee + Child(ren) Rate	52	\$ 266.18		\$ 266.18	52	\$ 266.18		\$ 264.47	
Employee + Spouse & Children Rate	46	\$ 266.18		\$ 266.18	46	\$ 266.18		\$ 264.47	
Projected Total Monthly Specific Premium	232	\$ 39,691.68		\$ 39,691.68	232	\$ 39,691.68		\$ 39,438.80	
Aggregate Rate PEPM	232	\$ 3.62		\$ 3.62	232	\$ 3.62		\$ 3.60	
Projected Monthly Aggregate Premium		\$ 861.84		\$ 839.84		\$ 839.84		\$ 835.20	
TOTAL PROJECTED PREMIUM									
Monthly		\$ 40,553.52		\$ 40,531.52		\$ 40,531.52		\$ 40,274.00	
Annual		\$ 486,642.24		\$ 486,378.24		\$ 486,378.24		\$ 483,288.00	
Percentage of increase over current				-0.05%		-0.05%		-0.69%	
MAXIMUM CLAIM FUNDING FACTORS									
Employee	124	\$ 328.71		\$ 318.84	124	\$ 328.71		\$322.74	
Employee + Spouse	10	\$ 816.84		\$ 792.31	10	\$ 816.84		\$802.02	
Employee + Children	52	\$ 816.84		\$ 794.31	52	\$ 816.84		\$802.02	
Employee + Spouse + Child(ren)	46	\$ 816.84		\$794.31	46	\$ 816.84		\$802.02	
TOTAL PROJECTED MAXIMUM FUNDING	232				232				
Monthly		\$ 128,978.76		\$ 125,301.64		\$ 128,978.76		\$ 126,637.92	
Annual		\$ 1,547,745.12		\$ 1,503,619.68		\$ 1,547,745.12		\$ 1,519,655.04	
Percentage of increase over current				-2.85%		0.00%		-1.81%	

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

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