

Symetra Financial

Excess Stop Loss Renewal Offer

Name of Group:	City of San Luis Benefit Trust	Administrator:	EBSO, Inc.
Effective Date:	7/1/2019	Network:	Blues TPA - PPO (no bluecard)
City / State:	SAN LUIS, AZ 85349	Broker:	N/A

Individual Stop Loss

	<u>Current</u>	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Individual Stop Loss Deductible:	\$50,000	\$50,000	\$75,000	\$100,000
Aggregating Specific Deductible:	\$0	\$0	\$0	\$0
Contract Basis:	PAID	PAID	PAID	PAID
Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited
Coverages:	Med/Rx	Medical Rx	Medical Rx	Medical Rx
Single: 128 COBRA 0	\$88.26	\$88.26	\$68.32	\$53.84
Family: 110 Retirees 0	\$266.18	\$266.18	\$210.17	\$169.53
Comp: 238	\$0.00	\$170.50	\$133.88	\$107.31
Monthly Premium:	\$40,577	\$40,577	\$31,863	\$25,540
Annual Premium:	\$486,925	\$486,925	\$382,360	\$306,485
Commissions:	0.00%	0.00%	0.00%	0.00%
Terminal Liability Option:	N/A	No	No	No
Family Specific Deductible:	No	No	No	No
ISL Rate Increase / Decrease:		0.00%	-21.47%	-37.06%

Aggregate Stop Loss

	<u>Current</u>	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Aggregate Corridor:	25%	25%	25%	25%
Contract Basis:	PAID	PAID	PAID	PAID
Aggregate Maximum:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages:	Med/Rx	Medical Rx	Medical Rx	Medical Rx
Single: 128	328.71	322.74	347.27	363.09
Family: 110	816.84	802.02	862.97	902.27
Composite: 238	0.00	544.26	585.62	612.29
Monthly Premium:	\$833	\$835	\$858	\$872
Attachment Point:	\$1,583,127	\$1,554,399	\$1,672,533	\$1,748,699
Minimum Attachment Point:		\$1,554,399	\$1,672,533	\$1,748,699
Aggregate Premium Rate:	\$3.62	\$3.51	\$3.60	\$3.66
Annual Aggregate Premium:	\$9,991	\$10,025	\$10,292	\$10,463
Commissions:	0.00%	0.00%	0.00%	0.00%
Terminal Liability Option:	N/A	No	No	No
Aggregate Accommodation:	No	No	No	No
Attachment Factor Increase / Decrease:		-1.81%	5.65%	10.46%
Estimated Maximum Cost:	\$2,080,044	\$2,051,364	\$2,065,184	\$2,065,647

Please acknowledge acceptance of the above terms offered in the proposal by checking off the desired option below and by signing and returning the proposal no later than 15 days from the proposal effective date.

Option 1 **Option 2** **Option 3**

Signature _____ Date _____

Please see the Summary of Plan Limitations and Exclusions, Important Notes and Additional Notes sections that appear either on this page or the last page of this proposal

PLAN HIGHLIGHTS

The terms of this offer are tentative and may change based on the receipt and review of the following information by Symetra. Except as provided below, all requested information must be received no later than 15 days after the proposed effective date of coverage; otherwise, we reserve the right to withdraw the proposed terms and return any premiums remitted.

Plan Sponsor's Plan Document or Plan Document Amendment is due no later than 90 days after the proposed effective/renewal date of Excess Loss Insurance coverage as permitted by law.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Stop Loss offer is valid up to the effective date of coverage.

Agent does not have the authority to bind or modify the terms of this quotation or the policy to be issued without prior approval of Symetra Financial.

Composite rates / factors are for illustrative purposes and cannot be sold unless approved by underwriting.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted and subject to the conditions noted on this page. Final rates and premiums are based on the plan and employee/dependent data provided as of the effective date of coverage. Any inaccurate or incomplete data submitted may require changes during the final underwriting review and risk sign-off.

Symetra may withhold Policy reimbursement prior to the receipt and acceptance of the final signed Plan Document/ Plan Document Amendment, which Symetra will expect to clearly express the benefits promised, obligations under federal law, and generally recognized provisions concerning discretionary authority of the plan sponsor with respect to benefit claims and exclusions of experimental/investigational treatment, non-medically necessary treatment, and off-label drug use

No special enrollment may occur following issuance of this Proposal. Please provide a listing of individuals including primary Diagnosis and total paid claims in regards to:

- Any individuals that had previously met the underlying plan's maximum, and are now re-entering the plan because the annual or life time maximum has been increased.

State Assessments, if applicable, are included in the Stop Loss rates displayed in this proposal.

Individual Stop Loss Insurance:

Specific Lifetime Maximum: 100% of the eligible claims up to the maximum shown on page 1 of this proposal per covered person shall be reimbursed by Symetra Financial.

Aggregate Benefit:

Aggregate Maximum: 100% of the eligible claims for covered expenses in excess of the Aggregate Attachment Point, up to the maximum shown on page 1 of this proposal shall be reimbursed by Symetra Financial.

Aggregate Stop Loss Reinsurance cannot be purchased without Specific Stop Loss Reinsurance.

Multiple Coverage: If the Aggregate includes separate Attachment factors for multiple lines of coverage, then the Annual Attachment Point will be based on all coverage combined.

If multiple lines of coverage are requested, we will require that monthly claims and enrollment be provided separately before finalizing the Aggregate offer.

ADDITIONAL NOTES

If this group has Rx coverage under the specific and/ or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports to finalize coverage. Otherwise, Rx will not be a covered expense under our stop loss policy.

If the total enrollment, single/family ratio, or enrollment by plan of benefits varies by more than 10 percent of what was quoted, we reserve the right to re-price our Specific (ISL) and Aggregate (ASL) numbers.

Quote is for active & COBRA employees only.

This Proposal assumes Blues TPA PPO and SIAMED network and current plan(s) design will be utilized by the employer.

This offer is firm and will expire in 30 days. If written acceptance is not received within this time frame, offer is subject to updated reporting/Disclosure information and may be revised accordingly. No proposal expiration date will be extended past 15 days of the effective month.