

**CITY OF SAN LUIS**  
**STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2021**

DESCRIPTION	Firm Until 5/7/2021		Firm Until 5/7/2021		Firm Until 5/7/2021		2021-2022		2021-2022	
	2020-2021 Current Symetra	2021-2022 Renewal - Option 1 Symetra	2021-2022 Renewal - Option 2 Symetra	2021-2022 Renewal - Option 3 Symetra	2021-2022 Renewal - Option 4 HM Life Insurance	2021-2022 Renewal - Option 5 IAT	2021-2022 Option 1 Symetra	2021-2022 Option 2 Symetra	2021-2022 Option 3 Symetra	2021-2022 Option 4 Symetra
<b>STOP LOSS POLICY TERMS</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$50,000</b>	<b>\$75,000</b>				
Specific Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Annual Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible	\$ 50,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 50,000	\$ 75,000				
Specific Contract Basis	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Specific Coverage	Medical	Medical	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	N/A	N/A
Lasered Individuals	None	None	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	\$ 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	Medical & RX Card	Medical & RX Card
Aggregate Contract Basis	Paid	Paid	Paid	Paid	Paid	Paid	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	N/A	N/A
Comidor	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
<b>STOP LOSS PREMIUM</b>										
<b>Specific Premium</b>										
Employee Rate	142 \$ 97.83	\$ 108.05	142 \$ 78.80	\$ 61.55	\$ 119.03	\$ 109.24				
Employee + Spouse Rate	12 \$ 288.10	\$ 311.46	12 \$ 232.40	\$ 188.52	\$ 333.88	\$ 264.28				
Employee + Child(ren) Rate	46 \$ 288.10	\$ 311.46	46 \$ 232.40	\$ 188.52	\$ 333.88	\$ 264.28				
Employee + Spouse + Children Rate	63 \$ 288.10	\$ 311.46	63 \$ 232.40	\$ 188.52	\$ 333.88	\$ 264.28				
Projected Total Monthly Specific Premium	263 \$ 48,509.96	\$ 53,029.76	263 \$ 39,310.00	\$ 31,551.02	\$ 57,299.32	\$ 47,489.96				
Aggregate Rate PEPM	263 \$ 3.51	\$ 3.88	263 \$ 4.72	\$ 5.42	\$ 4.02	\$ 3.39				
Projected Monthly Aggregate Premium	\$ 923.13	\$ 1,015.18	\$ 1,241.36	\$ 1,425.46	\$ 1,057.26	\$ 891.57				
<b>TOTAL PROJECTED PREMIUM</b>										
Monthly	\$ 49,433.09	\$ 54,044.94	\$ 40,551.36	\$ 32,976.48	\$ 58,356.58	\$ 48,381.53				
Annual	\$ 593,197.08	\$ 648,539.28	\$ 486,616.32	\$ 395,717.76	\$ 700,278.96	\$ 580,578.36				
Percentage of increase over current		9.33%	-17.97%	-33.29%	18.05%	-2.13%				
<b>MAXIMUM CLAIM FUNDING FACTORS</b>										
Employee	142 \$ 279.49	\$ 360.31	142 \$ 395.44	\$ 411.72	\$ 357.88	\$ 371.17				
Employee + Spouse	12 \$ 789.48	\$ 996.90	12 \$ 1,094.11	\$ 1,139.14	\$ 858.87	\$ 1,019.87				
Employee + Children	46 \$ 789.48	\$ 996.90	46 \$ 1,094.11	\$ 1,139.14	\$ 858.87	\$ 1,019.87				
Employee + Spouse + Child(ren)	63 \$ 789.48	\$ 996.90	63 \$ 1,094.11	\$ 1,139.14	\$ 858.87	\$ 1,019.87				
<b>TOTAL PROJECTED MAXIMUM FUNDING</b>	263		263							
Monthly	\$ 135,214.66	\$ 171,788.92	\$ 188,539.79	\$ 196,300.18	\$ 154,739.39	\$ 176,110.41				
Annual	\$ 1,622,576.92	\$ 2,061,467.04	\$ 2,262,477.48	\$ 2,355,602.16	\$ 1,856,872.68	\$ 2,113,324.92				
Percentage of increase over current		27.05%	39.44%	45.18%	14.44%	30.25%				
<b>PROJECTED ADMINISTRATION COSTS</b>										
TPA Claims Administration Fee - EBSO Fees	263 \$ 24.50	\$ 24.50	142 \$ 24.50	\$ 24.50	\$ 24.50	\$ 24.50				
Dental Claims Administration US EBSO Fees	263 \$ 3.00	\$ 3.00	12 \$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00				
ACA 1095/1094 Reporting (Estimate)	572 \$ 3.00	\$ 3.00	46 \$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00				
PPO Medical Access Fee - BCBS	142 \$ 17.50	\$ 19.25	63 \$ 19.25	\$ 19.25	\$ 17.50	\$ 17.50				
Mexico Starmed/SSA Medical and Dental Claims Admin.	263 \$ 4.25	\$ 4.25	263 \$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25				
<b>Total Monthly Administration</b>	\$ 12,551.25	\$ 12,799.75	\$ 5,983.50	\$ 5,983.50	\$ 5,873.25	\$ 5,873.25				
<b>Total Annual Administration</b>	\$ 150,615.00	\$ 153,597.00	\$ 71,802.00	\$ 71,802.00	\$ 70,479.00	\$ 70,479.00				
<b>Total Annual Administration Fees With Reinsurance</b>	\$ 150,615.00	\$ 153,597.00	\$ 71,802.00	\$ 71,802.00	\$ 70,479.00	\$ 70,479.00				
Percentage of Increase/Decrease Over Current		1.98%	-52.33%	-52.33%	-53.21%	-53.21%				
<b>TOTAL PROJECTED PREMIUM, CLAIMS FUNDING &amp; ADMINISTRATION COSTS</b>										
Monthly	\$ 200,048.09	\$ 207,641.94	\$ 112,353.36	\$ 104,778.48	\$ 128,835.58	\$ 118,880.53				
Annual	\$ 2,400,577.08	\$ 2,893,603.32	\$ 1,348,240.32	\$ 1,257,341.76	\$ 1,546,026.96	\$ 1,426,326.36				
Percentage of Increase Over Current		19.29%	-43.84%	-47.62%	-35.60%	-40.58%				

Rates for the Stop Loss and Aggregate must be confirmed by May 14, 2021