



A Renewal Proposal For City of San Luis

Effective:
July 1, 2022

The Right Turn
for Your Benefits



A Turn For The Better
Formerly EBSO, Inc

Get to Know 90 Degree Benefits, Inc

Quick Facts

- Founded:** 1977
- Credentials:** Licensed Third-Party Administrator (TPA)
- Service Area:** National
- Offices In:** Arizona, Kentucky, Illinois, Minnesota, Ohio, Indiana, Iowa, and Wisconsin
- Clients:** Insured & Self-Funded plans, MEWAs, Brokers, Insurance Companies ranging in size from 2 employees to in the thousands
- Member:** Society of Professional Benefit Administrators (SPBA)
Minnesota Association of Health Underwriters (MAHU)
National Association of Health Underwriters (NAHU)
Health Care Administrators Association (HCAA)
National Association of Employee Benefit Administrators (NAEBA)

Our Mission

Benefit Solutions for Every Client, Every Situation, Every Day
90 Degree Benefits, Inc is committed to delivering innovative, cost effective benefit solutions with exemplary service. As one of the most respected and trusted benefit and risk management experts in the country, we demonstrate our passion for exceeding the unique expectations of every client, in every situation, every day.



The 90 Degree Benefits, Inc Advantage...

Experienced

Founded in 1977, 90 Degree Benefits, Inc has the experience and the perspective to help clients prepare, plan and manage for long-term success. With an average of 13 years of experience per employee, 90 Degree Benefits, Inc enjoys virtually very low employee turnover. 90 Degree Benefits, Inc team members are extremely knowledgeable and well informed about each plan and employer group they serve.

Flexible

Our goal is to administer benefit plans in a way that streamlines and simplifies the process for you and your employees. Flexibility means we can administer all or any part of your benefit package through any insurance or HMO carrier – on a self-funded or fully insured basis. Your employees will have one source to depend on, from enrollment to ongoing communication and customer service.

Dedicated

90 Degree Benefits, Inc is committed to managing your benefit programs in a manner that will simplify and clarify your current and future requirements. We meet the needs of your organization by delivering creative ideas and timely, efficient service. 90 Degree Benefits, Inc will enhance your HR processes, leaving you more time to manage and grow your business.

What It Means to You & Your Employees...

Accuracy

90 Degree Benefits, Inc also ensures that all our processes and procedures are SAE 16 compliant through an annual audit of our procedures from an independent auditing firm. When it comes to claim administration, we consistently achieve accuracy above the norm by averaging 99.4% procedural accuracy vs. an industry average of 95%. This means lower overall costs and the ability to track exactly where your health plan dollars are being applied.

Efficiency

As a full service TPA and benefits solution provider, 90 Degree Benefits, Inc can do it all for our clients. We can effectively manage one benefit plan or service for your organization, or we can also manage your entire benefit program – from flexible spending accounts and group health to retirement benefits and billing services. This simplifies vendor management and allows you to maximize efficiencies between benefit offerings.

Quality

As part of our Customer Service Model, a Plan Member Relationship Unit is assigned to provide the specific skills needed to serve your group. Dedicated Client Liaisons help members find the answers they need when they need them. While it may sound like a small thing – 96% of all phone calls are answered within 30 seconds and less than 1% of calls are abandoned.

Medical Proposal Overview and Vendor Notes

Following is our proposal for medical administrative services. Pricing assumes the utilization of the vendors listed below.

Third Party Administrator



A Turn For The Better

Preferred Provider Networks



Prescription Benefit Manager



Utilization Review/Case Management



Teladoc



Subrogation



Reporting Package



Cost Comparison Summary

City of San Luis				
Effective 7/1/2022				
Specific Stop Loss:				
Reinsurer/Carrier:				
	Current-Symetra	Renewal-Symetra Option 1	Renewal-Symetra Option 2	Renewal-Symetra Option 3
Deductible:	\$50,000	\$50,000	\$75,000	\$100,000
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Commission:	Net	Net	Net	Net
Carrier Comments:	No New Laser Provision	Will need add'l claimant info on Lyn Juarez (Varela), Ariana Valdez, Alex Rivas & Marco Santana. There will be no new lasers @ rnwl.		
Enrollment				
	Single	142	142	142
	Family	122	122	122
Total		264	264	264
Aggregate Stop-Loss:				
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Premium (Fixed Costs)				
	Single	\$108.05	\$126.92	\$97.09
	Family	\$311.46	\$376.90	\$288.31
Monthly Specific Premium		\$53,341	\$64,004	\$48,961
Annual Specific Premium		\$640,095	\$768,053	\$587,527
Aggregate Premium:		\$3.86	\$4.25	\$4.61
Monthly Aggregate Premium		\$1,019.04	\$1,122.00	\$1,217.04
Annual Aggregate Premium		\$12,228.48	\$13,464.00	\$14,604.48
Total Annual Premium:		\$652,323	\$781,517	\$602,132
Aggregate Factors (Claims Liability)				
	Single	\$360.31	\$422.50	\$454.07
	Family	\$996.90	\$1,158.51	\$1,245.10
Monthly Claims Funding		\$172,785.82	\$201,333.22	\$216,380.14
Annual Claims Liability		\$2,073,430	\$2,415,999	\$2,596,562
Administrative & Other Fixed Costs (PEPM)				
Administration Fee (Inc SBCs, UR, COBRA, Medical Helpline UR & State Surcharge)		\$24.50	\$25.50	\$25.50
ACA 1094/95 Reporting		\$3.00	\$3.00	\$3.00
Dental Administration (\$500 Minimum)		\$3.00	\$3.00	\$3.00
Agent Fee		\$35.00	\$35.00	\$35.00
90 Degree Benefits, Inc Telemedicine - Healthiest You		\$13.00	\$13.00	\$13.00
AHH UR		Inc in Admin	N/A	N/A
Medical Helpline UR to be Eff. 7.1.22 (fee inc in admin fee)		\$0.00	\$0.00	\$0.00
Total without PPO Fees:		\$78.50	\$79.50	\$79.50
BCBS of Arizona (US Only) (222 Employees)		\$19.25	\$21.00	\$21.00
Siarmed (All Employees) (264 Employees)		\$4.25	\$4.25	\$4.25
Total PEPM Admin. Fee with PPO Fees:		\$102.00	\$104.75	\$104.75
Monthly Administrative & Other Fixed Costs:		\$26,119.50	\$26,772.00	\$26,772.00
Annual Administrative & Other Fixed Costs:		\$313,434.00	\$321,264.00	\$321,264.00
Maximum Costs (Admin., Stop Loss, Funding/Aggregate):				
	Single	\$574.22	\$658.42	\$660.52
	Family	\$1,414.22	\$1,644.41	\$1,642.77
Total Annual Maximum Costs:		\$3,039,187	\$3,518,780	\$3,519,957
Annual Costs:				
Administrative & Other Fixed Costs:		\$313,434	\$321,264	\$321,264
Specific Premium		\$652,323	\$781,517	\$602,132
Fixed Costs		\$965,757	\$1,102,781	\$923,396
Annual Maximum Claims Liability		\$2,073,430	\$2,415,999	\$2,596,562
Annual Fixed Costs/Claims Liability		\$3,039,187	\$3,518,780	\$3,519,957
% Difference			15.78%	15.82%
Fixed Costs		\$965,757	\$1,102,781	\$923,396
Expected Claims Liability		\$1,658,744	\$1,932,799	\$2,077,249
Annual Fixed Costs & Expected Claims Liability		\$2,624,501	\$3,035,580	\$3,000,645
% Difference			15.66%	14.33%
Variable Administrative Fees and Costs				
Large Case Management (LCM) Thru Medical Helpline - Hourly Rate		\$0.00	\$140/hr	\$140/hr
Large Case Management (LCM) Thru AHH - Hourly Rate		\$113/hr	\$0.00	\$0.00
Red Card (ID Card) Per Card		\$1.50	\$1.50	\$1.50
Medical Plan Summary Plan Description Printing		Actual Cost	Actual Cost	Actual Cost
Employee Meetings (Webinars no cost)		Actual Cost	Actual Cost	Actual Cost
Subrogation (% of Savings)		25% if settled, 33.33% if legal action required		
Multiplan wrap US only		25% of Savings		
Large Claim negotiation vendor fee		30% of Savings		

Please see all contingencies in the Symetra proposal.

Attachments – Reinsurance Proposal

Symetra Stop Loss

RENEWAL PREPARED FOR

City of San Luis Employee Benefit Trust

July 1, 2022

IN PARTNERSHIP WITH: SUSAN POSADA

You have challenges; we have solutions

We know you have options when choosing a stop loss carrier.

We also know that finding the right partner is important. You need to work with professionals who understand the self-funded industry, who realize the importance of building the right stop loss policy at the right price, and who deliver on their promises year after year.

When you renew with us, you'll find a seamless continuation of all the benefits you've come to expect from your Symetra stop loss policy.

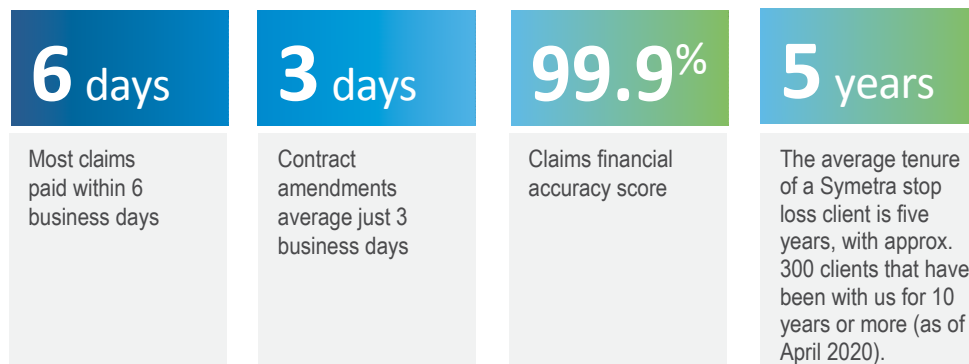
Things like:

- Fast and fair claims practices.
- Most catastrophic claims reviewed and processed within 24 hours through our Preferred ASO Claim Advance program.
- No new lasers or increase on existing lasers at renewal; laser at renewal available by request.
- Gapless option for renewal run-out contracts means claims paid outside the run-out period are still eligible for reimbursement.
- Cost containment and alternative treatment plans to help control costs without sacrificing quality of care.
- 24/7 online policy administration via Group Online (GO).
- Access to Symetra Compliance Solutions for professional support navigating the health care landscape.

Put our expertise to work for you

Symetra has been in the stop loss business for over 45 years.¹ In fact, we helped pioneer it. Our experienced team continues to be available as needed to help you understand and protect your self-funded plan.

2020 performance highlights:²

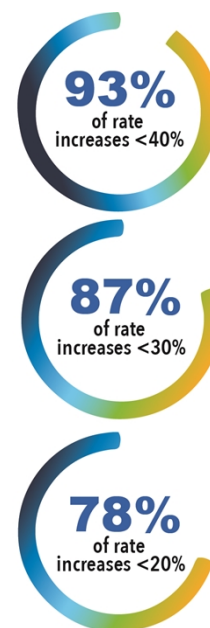


Understanding stop loss rates

Pricing stop loss is a complex process and there are many factors that impact rates, especially at renewal. Here are some things we consider when determining the best possible price for your plan:

- **Plan design:** what services are covered; how much are employee copays, coinsurance, deductibles and/or premiums; are there wellness or other value-add programs included?
- **Group population:** how many people are covered; where do members live and/or receive care; what are the demographics of the group?
- **Managed care networks:** are provider and hospital networks helping to lower plan risk; what is the network usage rate?
- **Claims experience:** what is the claims experience history; how many claims, to date, are over the Specific deductible; how many are expected before the end of the plan year?
- **Medical trend:** how much are health care costs projected to increase?
- **Share of risk:** what is your deductible threshold and risk tolerance; how will rising medical trend impact your plan and the accompanying stop loss policy?

What does a typical Symetra renewal look like? During the last five years:



Based on Symetra renewal data from August 1, 2015 to July 1, 2020.

Lowering premium renewal increases through deductible leveraging

Annual renewal is an opportunity to review how your plan performed over the past year, and to evaluate whether your current Specific deductible is still appropriate. This is especially true when rising medical costs are paired with higher than expected claims, as this combination typically means a rate adjustment is needed for the new plan year.

Leveraged trend or, as applied, deductible leveraging, can help mitigate higher renewal rates by sharing the impact of medical trend between the health plan and Symetra stop loss via a higher Specific deductible.

Here's how it works:

Option 1 – keeping the same deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$150,000	0%
Symetra reimbursement	\$150,000	\$180,000	20%

Option 2 – raising the deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$165,000	10%
Symetra reimbursement	\$150,000	\$165,000	10%

For illustrative purposes only.

With deductible leveraging, you're trading lower premiums for a higher Specific deductible due to medical trend increases. It can be an effective way to help control the impact of rising costs on your plan.

If you're interested in deductible leveraging for your renewal, talk with your Symetra stop loss professional.

Renewal Status: Preliminary

SPECIFIC STOP LOSS COVERAGE

Plan Description	Current	Option 1	Option 2	Option 3
Coverages	Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Contract Type	Paid	Paid	Paid	Paid
Annual Specific Deductible per Individual	\$50,000	\$50,000	\$75,000	\$100,000
Transplant Exclusion	No	No	No	No
No New Laser Option	Included	Included	Included	Included
Maximum Lifetime Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Policy Period Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percentage	100%	100%	100%	100%
Quoted Rate(s) Per Month	Enrollment			
Single	142	\$108.05	\$126.92	\$97.09
Family	122	\$311.46	\$376.90	\$288.31
Estimated Annual Premium		\$640,095	\$768,053	\$587,527
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%

Renewal Status: Preliminary

AGGREGATE STOP LOSS COVERAGE

Plan Description		Current	Option 1	Option 2	Option 3
Coverages		Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Contract Type		Paid	Paid	Paid	Paid
Aggregate Corridor		125%	125%	125%	125%
Loss Limit per Individual		\$50,000	\$50,000	\$75,000	\$100,000
Maximum Annual Reimbursement		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Reimbursement Percentage		100%	100%	100%	100%
Estimated Annual Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Minimum Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Monthly Aggregate Claim Factors	Enrollment				
Medical, Rx Card					
Single	142	\$360.31	\$422.50	\$454.07	\$470.90
Family	122	\$996.90	\$1,158.51	\$1,245.10	\$1,291.23
Quoted Rate(s) per Month	Enrollment				
Composite	264	\$3.86	\$4.25	\$4.61	\$4.79
Estimated Annual Premium		\$12,228	\$13,478	\$14,608	\$15,159
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%	0.00%

OVERALL COST SUMMARY

Plan Description		Current	Option 1	Option 2	Option 3
Estimated Total Annual Fixed Cost		\$652,323	\$781,531	\$602,135	\$506,454
Aggregate Variable		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Estimated Maximum Annual Liability		\$2,725,753	\$3,197,530	\$3,198,697	\$3,199,228

Renewal Status: Preliminary

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

The terms of this proposal are contingent upon the policyholder exercising commercially reasonable efforts to obtain and provide to Symetra all information set forth below, together with all information identified in any prior proposal for coverage for the upcoming policy period. The terms of this proposal are tentative and may change based on Symetra's review of information received. Except for the Plan Document or Plan Amendment, all requested information must be received no later than 15 days prior to the proposed effective date of coverage, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted.

Any secondary documents (i.e. "stop loss agreements", "procurement documents", "service contracts", etc.) must be disclosed to and approved by Symetra prior to the Employer's acceptance of our proposal. Subsequent undisclosed agreements may not be approved.

By delivering this proposal for coverage, the producer represents and warrants to Symetra that it and each of the persons or entities acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued. This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

- Updated carrier documented large claims as well as monthly paid claims and enrollment (medical, prescription, dental, etc.) as of 03/31/2022 are needed to finalize the offer. Detailed Rx report, including Rx name, dose, date of service, paid date and payment amount, from 07/01/2021 - 03/31/2022 is required to firm. Detailed claim reports for these members is required to firm, including denied and/or pended claims: Lyan Juarez (Varela) & Ariana Valdez (otherwise know as baby Alonso).
- Decision on large claimants will not be made until updated data is received and medical review completed.
- This proposal is based on the following network(s): BCBS
- Please provide details on any individual who has been hospital confined for 30 days or more in the most recent 12 months or is on an organ transplant list.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the excess loss policy.
- For inclusion of 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. Otherwise, RX will not be a covered expense under the excess loss policy.
- This renewal/proposal reflects the continuation of the current plan of benefits.
- Terms are subject to change if final enrollment varies by more than 10% from the proposal assumptions. A current census not older than 60 days prior to the effective date will be needed for final review.
- Retirees are excluded from coverage under the Stop Loss Policy.
- Eligibility is assumed to be all full time employees working 30 hours or more per week at their normal place of business.
- COBRA participation is limited to no more than 10% of the enrolled group.
- Symetra reserves the right to revise this proposal if the incumbent administrator's claims backlog exceeds two weeks.
- In the event of early terminations (mid-policy period), Symetra will not provide coverage for run out claims.
- No producer has the authority to bind or modify the terms of this offer without the approval of Symetra.
- This quote is subject to Symetra's stop loss policy provisions, limitations and exclusions.
- Plan must have utilization review and case management.
- There will be no new lasers at renewal.

Plan Sponsor's Plan Document

Submission and Symetra Acceptance Required. As stated in Symetra's Proposal for Group Stop Loss Insurance, the Plan Sponsor's Plan Document must be submitted to Symetra no later than 90 days after the proposed effective date of Stop Loss Insurance coverage. The Stop Loss Insurance policy ("Policy") requires that only eligible charges payable under the terms of the Plan Document as approved by Symetra will be covered expenses eligible for reimbursement under the Policy.

The policy will be issued after the Plan Document is received and approved by Symetra or a signed Confirmation of Medical Benefit Plan is submitted to Symetra by the prospective policyholder.

Symetra withhold reimbursement of covered expenses prior to the receipt and acceptance of the final signed Plan Sponsor's Plan Document or amendment.

In reviewing the Plan Document for acceptance, Symetra will consider whether the Plan Document:

1. Adequately addresses key plan components, including but not limited to eligibility rules, benefits promised, plan administration, discretionary language for court review of benefit claims, subrogation and coordination of benefits provisions.
2. Addresses the Plan's obligations under federal law, including
 - a. **ERISA (Employee Retirement Income Security Act) required provisions,**
 - b. **ACA (Affordable Care Act) required provisions;** or
 - c. **a statement of grandfathered status, if applicable.**

Symetra will have no liability for reimbursing Plan Sponsor obligations that are not clearly stated in the Plan Document whether or not the Plan remains obligated in the absence of express inclusion. It is recommended that the Plan Document include express reference to other federal mandates and laws to which Plan is subject or a "conformity with law" provision.

3. Contains typical exclusions or limitations, including but not limited to:
 - a. Experimental/investigations treatment (except as required by ACA), and
 - b. non-medically necessary treatment

The absence of or inadequate treatment of these subjects in the Plan Document may result in a superseding provision in the Stop Loss policy.

Your partner for stop loss success

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers.

We've been in business for more than half a century with a commitment to creating employee benefit products that people need and understand. We appreciate your business and look forward to the opportunity to continue serving you with professional, informative and responsive service.



Our guiding principles of Value, Transparency and Sustainability (VTS) are at the core of all we do.

- **Value:** Products and solutions people need at a competitive price—backed by outstanding customer service.
- **Transparency:** Clear communication so people understand what they are buying.
- **Sustainability:** Products that stand the test of time and fiscal responsibility to ensure we are there for our customers.

Financial Strength Ratings: A.M. Best: A “Excellent” (3rd highest of 16); Moody’s A1 “Good” (5th highest of 21); Standard & Poor’s: A “Strong” (6th highest of 21). Ratings are subject to change. Please refer to www.symetra.com/ratings for current information. Ratings as of July 23, 2021.

Symetra Life Insurance Company (est. 1957) is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York (est. 1990) is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, “Symetra”). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

Stop loss policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policies are ELC-24000 7/19 or LGC-12000 9/06, filed as Excess Loss. In New York, stop loss policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Policy form numbers are ELC-24000/NY 7/19 or LGC-12000/NY 9/08, filed as Excess Loss. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Products are not available in any U.S. territory.

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¹45 years for Symetra Life Insurance Company; 17 years for First Symetra National Life Insurance Company of New York as of 2021.

² Performance highlights based on financial and quarterly audits for 2020.



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