



Employer	<b>City of San Luis</b>	Quote 106473 Proposal 155476			
Issued To	<b>Arizona Benefit Plans, Inc.</b>	Census	Single	Family	Total
Effective Date	<b>7/1/2024</b>	All Cvgs	189	116	305
Carrier	<b>Nationwide Life Insurance Company</b>				
Underwriter	<b>Katy Beaulieu</b>				

SPECIFIC	Platinum Program	Platinum Program
<b>Specific Deductible</b>	<b>100,000</b>	<b>100,000</b>
<b>Treaty Year Maximum</b>	Unlimited	Unlimited
<b>Contract Basis</b>	<b>24/12</b>	<b>24/12</b>
<b>Covered Benefits</b>	Med,Rx	Med,Rx
<b>Aggr Spec Deductible</b>	n/a	50,000
<b>Specific Advance</b>	Included	Included
<b>Estimated Premium</b>	522,312	472,331
<b>Premium Rates</b>		
Single	75.74	68.85
Family	251.82	227.14
<b>AGGREGATE</b>		
<b>Covered Benefits</b>	Med,Rx	Med,Rx
<b>Contract Basis</b>	<b>24/12</b>	<b>24/12</b>
<b>Run In Limit</b>	n/a	n/a
<b>Maximum Benefit</b>	1,000,000	1,000,000
<b>Minimum Attachment Point</b>	3,091,720	3,091,720
<b>Estimated Premium</b>	16,690	16,690
<b>Aggregate Factors</b>		
Single	499.29	499.29
Family	1,654.35	1,654.35
<b>Premium Rate</b>		
Composite	4.56	4.56
<b>Aggregate Accommodation</b>	n/a	n/a
<b>Terminal Liability Option</b>	n/a	n/a
<b>RMS Fee</b>	7.80	7.80
<b>CONTRACT LENGTH</b>	12	12
<b>ESTIMATED MAX COST</b>	\$4,002,794	\$3,952,813
<b>COMMISSION</b>	0.00%	0.00%

**Underwriter's Notes**  
 \$235,000 | \$135,000



Employer **City of San Luis**  
Eff. Date **7/1/2024**

Quote ID 106473  
Proposal ID 155476

**The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:**

- Our proposed excess loss coverage including rates and terms of coverage is subject to modification based upon receipt and review of the following information:

1C Enrollment information up to the proposed Effective Date of coverage.

2C The proposed excess loss coverage requires minimum participation of 60% of the eligible group.

3C Actively at work provisions have been waived subject to Underwriter approval of signed complete Disclosure Statement.

4C All documentation provided for Disclosure is on file with AccuRisk Solutions, LLC

5C Non-disclosure of any individual who should have been identified on the Disclosure Statement, on which the Company relies, or the incomplete or inaccurate disclosure of his/her true medical condition, may result in having this individual's claims being excluded from or limited in the calculation of the Aggregate and Specific Benefit.

6C Reimbursement of savings fees will be limited to 25% of net realized savings

7C Rx rebates will be reduced from all aggregate reimbursement, regardless of how the plan appropriates them

8C This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the issuing carrier from providing insurance, including, but not limited to, the payment of claims.

9C Plan Document Mirroring-The Company hereby agrees to accept as Eligible Claims Payments all Plan benefit(s) Paid by the Policyholder, provided that such benefits are:

1. Paid in accordance with the terms of the Plan,
2. Incurred and Paid within the Contract's Benefit Period,
3. Paid under a covered benefit provided by the Stop Loss Insurance Contract, as shown on the Schedule.

Written notice of any change to the Plan must be provided to the Company as shown in the Miscellaneous Provisions, Amendment to the Plan. All other terms and conditions of the Stop Loss Insurance Contract remain unchanged.

10C If we have not received the Signed Plan Document and all Amendments within 60 days after the proposed effective date, we reserve the right to refund all premiums received, and the application will be null and void when signed. Therefore, coverage is not effective until receipt and acceptance of the signed plan document and all amendments.

- --This proposal is offered using our PLATINUM risk model initiated in 2001. This product is not a contractual provision or guarantee. This program strives to provide plan sponsors renewal minimum rate increases with maximum rate caps. Ongoing known cost specific claims will be semi pooled. References are available. Matrix RMS reports and consultative support will work proactively with the Plan Sponsors, and applicable parties. Matrix RMS is a separate fee for service company and required with the PLATINUM program. Matrix offers two other product platforms that differ in initial rating and renewal underwriting approach.

--Rates are not firm until all documentation is received and completed for Disclosure.



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**The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:**

--This proposal requires employer due diligence report to identify employees on COBRA, FMLA, extended sick leave or short term disability, worker's compensation, or any other form of leave of absence, or who are known or believed to have an ongoing medical condition or to be pregnant.

--This proposal is not final until a proposal option has been selected and the required Disclosure Statement has been received, reviewed and approved.

--This proposal assumes a 90 day disclosure, and can be locked in advance of the effective date if the application process is completed as outlined below:

- a) Confirmation of acceptance of this proposal;
- b) Signing and returning the completed application, disclosure and Schedule of Insurance we provide you no later than May 15, 2024. After May 15th claims are subject to continued underwriting and the proposal is subject to change based on claims and precertification reported through April 30, 2024.

--Rates and/or factors may be recalculated if the enrollment of the group increases or decreases by 10% from the first month's enrollment of the current contract period or the 9th month of the prior contract period.

--Aggregate factors may be recalculated if the average claims in the last 4 months of the current plan period vary by more than 10% from the information provided with the initial request for proposal.

--This contract is based on the utilization of the Siamed (US and Mexico) and BCBS of Arizona (US only) PPOs, for In-Network and Out-of-Network benefits that apply according to plan.

--No claims will be reimbursed until all claims in excess of the specific attachment point exceed the specific aggregating corridor(s) noted on page 1 of the proposal.

--This proposal requires MATRIX Risk Management Services, LLC as the LCM Oversight program.

--Marketing, sales, distribution activities and administrative support services are provided by Arizona Benefits on behalf of Accurisk Solutions a Ryan Specialty Benefits Company. Arizona Benefits may receive compensation for these services from Accurisk Solutions. If you have any questions regarding this arrangement, please contact Accurisk Solutions.

--The medical stop loss coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio (CA COA #7032). Applicable to policy form GBSL AO L20 or state equivalent. In Hawaii, Louisiana and Oregon, the coverage is underwritten by Nationwide Mutual Insurance Company, Columbus, Ohio.

## MATRIX RISK MANAGEMENT SERVICES

Matrix Risk Management Services, LLC (Matrix RMS) program is referenced within the body of the Excess Loss Reinsurance proposal by Matrix Group Benefits, LLC. It is listed within the Proposal because Matrix RMS is a completely separate fee for service company that is a required Qualification of a Matrix Group Benefits' Excess Loss Reinsurance proposal. Matrix RMS services may be purchased independently from the Excess Loss Reinsurance when such services are desired by Plan Sponsor's.

The Plan Sponsor hereby accepts the services and support offered and provided by Matrix RMS and authorizes and directs its contracted service providers for:

- 1) Medical utilization review, Pre-admission Certification, Prior Authorization, Concurrent Review Discharge Planning, Outpatient Service Review, and Medical Case Management; and
- 2) Claims Administration; and
- 3) Prescription Benefit Management; and
- 4) Disease management and Wellness Programs

To provide Matrix RMS with information on a regular monthly basis as requested by Matrix RMS and agrees to consider accessing and utilizing specialty service providers identified by Matrix RMS for oversight of a potentially catastrophic medical claims and review of provider bills that represent significant charges that can be expected to accumulate to over \$ 50,000.00, prior to their payment.

Resource assistance provided by Matrix RMS includes accessing a variety of specialty resources firms that provide services such as:

- 1) Neonatal case management and bill review, including accuracy of bill, appropriateness of coding and charges, and negotiation of allowable amounts
- 2) Hemophilia case management and support services including drug acquisition for blood disorders
- 3) Review of large hospital bills for accuracy of bill. Appropriateness of coding and charges, negotiation of allowable amounts and negotiation of patient specific discounts. Reviews of this scope require the UB -92 bill summary, the itemized billing statement and information related to the nature and amount of potential contract adjustments related to PPO's
- 4) Transplant networks for potential organ transplant cases
- 5) Complete claim processing and payment audit for plan sponsors to determine incorrect payments and recover overpayments
- 6) Oncology case management and support services including chemotherapy drug acquisition for administration in outpatient settings.
- 7) Dialysis management program; and
- 8) Preferred PBM resources with participant education programs based on medical conditions to improve medication management outcomes

Charges for the services provided by these specialty resource companies are paid by the Plan Sponsor as part of the participant's claim and will be reimbursed by the medical stop loss contract if the benefit amount for the claimant exceeds the specific stop loss deductible amount in the contract of the Plan Sponsor. Matrix RMS makes these firms available to the Plan Sponsor and its contracted service providers to assist the Plan Sponsor in the management of its Plan. **Neither MATRIX Group Benefits, LLC nor Matrix RMS are compensated by these firms.**

Matrix RMS will also provide the following services:

- 1) Administration of the Loss Adjustment Program, (a pre-approved Matrix Group Benefits, LLC program) that provides funds to Plan Sponsors to contract for independent specialists /consultants, Independent Review Organization (IRO's) or other resource services deemed necessary and appropriate by the Plan Sponsor to help make final adjudication decisions;
- 2) Administration of ICD-10 or ICD-9 notification information at the medical management level with follow up to identify the services being provided to a plan participant;
- 3) Directions for and assistance with completion of the employer due diligence disclosure process;
- 4) Assistance with out of network / state provider contracting on a patient specific basis;
- 5) Assistance with identification and contracting specialty hospitals / "centers of excellence" on a patient specific basis;
- 6) Administration of a management review process for coordination of medical management and claim adjudication processes for potential and actual large claims;
- 7) Assistance in the coordination of Risk Assessments with medical management processes and the receipt of Consent (when needed) for the use of Protected Health Information (PHI);
- 8) Access to any of the Excess Loss carriers' provider agreements and comparison of agreements for proposed providers of service.

The Risk Management Program does not:

- 1) Provide direct consulting to the Plan Sponsor or its employee benefit plan
- 2) Provide pre-adjudication decisions or advice to administrators related to the Excess Loss contract
- 3) Make medical decisions, financial decisions or perform medical review functions
- 4) Replace other contracted services or adjudication services or consultants.