# FEE PROPOSALS

Each stop-loss Respondent must complete this form using the census head count provided.

A. Individual Specific $__225,000__ Pooling Point **(includes RX)**
Contract Type: ~~26/12~~ 12/12 Paid - WP  Rate Guarantee:___1___.
                                                                # of Years

Employee Composite    __1431__ X $84.45 = $120,847.95
                                        #EEs       Rate       Monthly Prem.

       Or
Employee Only        __N/A__ X __N/A__ = __N/A__.
                               #EEs       Rate       Monthly Prem.

Dependents Only     __N/A__ X __N/A__ = __N/A__.
                             #DEPs       Rate       Monthly Prem.

(Note: If rates are EE and Family, you will have to make subtraction.)

B. Aggregate stop-loss Option(s) with $__225,000__ Specific
Contract Type__~~26/12~~__ Paid
                    12/12 Paid - WP

(1) Corridor 120% **(includes RX)**    Rate Guarantee: __1__
Contract Type ~~26/12~~ 12/12 Paid - WP        # of Years

__$7.09__ X __1431__ = __$10,145.79__
Premium          #EEs          Monthly Att.

__$1,105.77__ X __1431__ = __$1,582,356.87__
Att. Factor        #EEs        Monthly Att.

__N/A__ X __N/A__ = __N/A__
Att. Factor        #DEPs       Monthly Att.

**NOTES: The County is requesting a 120% Aggregating Corridor.**

Aetna quoted only a 12/12 Paid contract, not a 26/12!
Wayne Parker

# FEE PROPOSALS

A.  Individual Specific $___250,000___ Pooling Point **(includes RX)**
    Contract Type: ~~26/12~~       Rate Guarantee: ____*1*____.
    *12/12 Paid - WP*                              # of Years

    Employee Composite       **$73.29** X      **1431**    = **$104,877.99**
                             #EEs          Rate         Monthly Prem.

               Or
    Employee Only         ___N/A___ X ___N/A___ = ___N/A___.
                          #EEs          Rate         Monthly Prem.

    Dependents Only       ___N/A___ X ___N/A___ = ___N/A___.
                          #DEPs         Rate         Monthly Prem.

    (Note: If rates are EE and Family, you will have to make subtraction.)

B.  Aggregate stop-loss Option(s) with $___250,000___ Specific
    Contract Type___~~26/12~~___Paid
                   *12/12 Paid - WP*

(1) Corridor **120% (includes RX)**     Rate Guarantee: ____*1*____
    Contract Type ~~26/12~~  *12/12 - Paid - WP*    # of Years

    ___**$7.14**___  X  ___**1431**___ = ___**$10,217.34**___
       Premium             #EEs            Monthly Att.

    ___**$1,113.54**___  X  ___**1431**___ = ___**$1,593,475.74**___
       Att. Factor          #EEs            Monthly Att.

    ___N/A___  X  ___N/A___ = ___N/A___
     Att. Factor      #DEPs       Monthly Att.

**NOTES: The County is requesting a 120% Aggregating Corridor.**

*Aetna quoted only a 12/12 Paid contract, not a 26/12.*

*Wayne Parker*

(CONTINUED)
# FEE PROPOSALS

A. Individual Specific $ __275,000__ Pooling Point **(includes RX)**
   Contract Type: __26/12__        Rate Guarantee: __1__ .

   *12/12 Paid - WP*                                    # of Years

   Employee Composite   __$66.64__ X __1431__ = __$95,361.84__
                         #EEs         Rate      Monthly Prem.
   Or
   Employee Only   __N/A__ X __N/A__ = __N/A__ .
                    #EEs      Rate     Monthly Prem.

   Dependents Only   __N/A__ X __N/A__ = __N/A__ .
                      #DEPs     Rate     Monthly Prem.

   (Note: If rates are EE and Family, you will have to make subtraction.)

B. Aggregate stop-loss Option(s) with $ __275,000__ Specific
   Contract Type __26/12__ Paid
                  *12/12 Paid - WP*
(1) Corridor __120%__ **(includes RX)**      Rate Guarantee: __1__
    Contract Type __26/12__ *12/12 Paid - WP*              # of Years

   __$7.20__ X __1431__ = __$10,303.20__
    Premium      #EEs       Monthly Att.

   __$1,120.06__ X __1431__ = __$1,602,805.86__
    Att. Factor      #EEs       Monthly Att.

   __N/A__ X __N/A__ = __N/A__
    Att. Factor   #DEPs       Monthly Att.

**NOTES: The County is requesting a 120% Aggregating Corridor.**

*Aetna quoted only a 12/12 Paid, contract, not a 26/12.*

*Wayne Parker*

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## FEE PROPOSALS

## THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

The undersigned hereby certifies that he or she has read the terms of this RFP and understands that Williamson County reserves the right to waive any informality in or to reject any or all Proposals.

Respondent
Name: Tami Polsonetti

Address: 151 Farmington Ave. Hartford, CT

Telephone: 860-273-0123 _____ Fax: N/A

Contact Name (please print):
Tami Polsonetti

Authorized Signature:

Director of Business Development
Title or Representative Capacity of Signer:

State of Incorporation/Organization or Primary Place of Business:
Connecticut

If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the Proposal.