

**Sales Representative:** Andrew Carroll  
**Broker:** Risk Management Associates Inc  
**Claims Administrator:** Florida Blue  
**Provider Network(s):** Florida Blue  
**Utilization Review Vendor(s):** Florida Blue  
**Retirees:** Both Medicare Retirees and Under 65 Retirees Included

**Proposed Effective Date:** 10/01/2024  
**Through Date:** 09/30/2025  
**RFP Situs State:** FL

Specific (Check one option)	Lives	Current	<input type="checkbox"/> Renewal	<input type="checkbox"/> Option 1	<input checked="" type="checkbox"/> Option 2
Specific Deductible (per Covered Participant)		\$200,000	\$200,000	\$200,000	\$225,000
Policy Year Maximum Specific Benefit		Inforce	Unlimited	Unlimited	Unlimited
Lifetime Maximum Specific Benefit		Inforce	Unlimited	Unlimited	Unlimited
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
<b>Specific Premium</b>					
Single Rate	473	\$73.58	\$77.14	\$72.43	\$61.96
Family Rate	673	\$204.65	\$214.94	\$201.82	\$175.49
<b>Total Lives</b>	<b>1,146</b>				
Estimated Policy Term Specific Premium		\$2,070,393	\$2,173,702	\$2,041,011	\$1,768,942
Policy Term Aggregating Specific Loss Fund		\$100,000	\$100,000	\$100,000	\$100,000
Specific Covered Claims Basis		168/12	180/12	180/12	180/12
Commission		0.00%	0.00%	0.00%	0.00%
<b>Specific Coverage Features/Options</b>					
Rate Cap					
<b>Aggregate (Agg) (Include? <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>					
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Policy Year Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
<b>Aggregate Factors</b>					
Single Medical, Rxx Factor	473	\$818.84	\$864.14	\$864.14	\$871.05
Family Medical, Rxx Factor	673	\$1,965.21	\$2,073.94	\$2,073.94	\$2,090.53
Estimated Policy Term Agg Deductible	<b>1,146</b>	\$20,518,772	\$21,653,998	\$21,653,998	\$21,827,200
Estimated Policy Term Minimum Agg Deductible (100%)		\$20,518,772	\$21,653,998	\$21,653,998	\$21,827,200
Aggregate Corridor		125%	125%	125%	125%
Aggregate Covered Claims Basis		168/12	180/12	180/12	180/12
<b>Aggregate Premium</b>					
Composite Rate	1,146	\$3.03	\$3.05	\$3.05	\$3.11
Estimated Policy Term Agg Premium	<b>1,146</b>	\$41,669	\$41,944	\$41,944	\$42,769
Commission		0.00%	0.00%	0.00%	0.00%
<b>Total Combined Estimated Policy Term Premium</b>		<b>\$2,112,062</b>	<b>\$2,215,646</b>	<b>\$2,082,955</b>	<b>\$1,811,711</b>

**Note:** This proposal is not complete unless accompanied by the proposal notes and the basis of offer noted on the following pages.

**Individual Special Requirements:**

- Firm through 8/23/2024

## PROPOSAL NOTES

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pended claims.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- This proposal includes a 50% rate cap on the Specific Premium Rate at the renewal of your Stop Loss Policy. If applicable, this increase also will apply to the Aggregating Specific Loss Fund. The rate cap does not apply to Material Changes including, but not limited to, the following: Covered Underlying Plan, HM's Stop Loss Policy provisions, the PPO network or the Claims Administrator, and the rates may be further adjusted by such changes. The rate cap rider applies to this Policy Term only. It may be offered at subsequent Stop Loss Policy renewals at the discretion of HM Underwriting.
- At renewal, We will not apply any new lasers, including but not limited to, an Alternate Specific Deductible or Excluded Claim Expense, within the Special Risk Limitations section of the policy, unless requested.

## PROPOSAL ACCEPTANCE

To consider a group for coverage we will require submission of all underlying documentation regarding member eligibility and termination as well as the group Leave of Absence Policy. If there is no Leave of Absence Policy in place, we will require a statement from the Plan Sponsor stating there is no Leave of Absence available. Additionally, we will require an approved benefit book within 60 days of Benefit Book release by FL Blue for group approval.

Please acknowledge acceptance of the terms in this proposal by signing and returning by 08/23/2024. Please also indicate which option is chosen and whether Aggregate is to be included by checking the appropriate boxes on the previous page. All payments after the effective date of this policy, found on the previous page, must use the rates selected. Any deviation from the rates specified could result in an underpayment leading to a possible policy cancellation.

**Failure to remit the signed agreement by 08/23/2024 will result in this proposal being considered expired.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Sales Representative:** Andrew Carroll  
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**Provider Network(s):** Florida Blue  
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**Proposed Effective Date:** 10/01/2024  
**Through Date:** 09/30/2025  
**RFP Situs State:** FL

Specific (Check one option)	Lives	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5	<input type="checkbox"/> Option 6
Specific Deductible (per Covered Participant)		\$225,000	\$250,000	\$250,000	\$200,000
Policy Year Maximum Specific Benefit		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum Specific Benefit		Unlimited	Unlimited	Unlimited	Unlimited
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
<b>Specific Premium</b>					
Single Rate	473	\$58.18	\$55.56	\$52.17	\$79.03
Family Rate	673	\$164.78	\$156.75	\$147.19	\$220.21
<b>Total Lives</b>	<b>1,146</b>				
Estimated Policy Term Specific Premium		\$1,660,993	\$1,581,272	\$1,484,823	\$2,226,990
Policy Term Aggregating Specific Loss Fund		\$100,000	\$100,000	\$100,000	\$50,000
Specific Covered Claims Basis		180/12	180/12	180/12	180/12
Commission		0.00%	0.00%	0.00%	0.00%
<b>Specific Coverage Features/Options</b>					
Rate Cap					
<b>Aggregate (Agg) (Include? <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>					
Eligible Claims Expenses		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Policy Year Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
<b>Aggregate Factors</b>					
Single Medical, Rxx Factor	473	\$871.05	\$876.24	\$876.24	\$864.14
Family Medical, Rxx Factor	673	\$2,090.53	\$2,102.97	\$2,102.97	\$2,073.94
Estimated Policy Term Agg Deductible	<b>1,146</b>	\$21,827,200	\$21,957,124	\$21,957,124	\$21,653,998
Estimated Policy Term Minimum Agg Deductible (100%)		\$21,827,200	\$21,957,124	\$21,957,124	\$21,653,998
Aggregate Corridor		125%	125%	125%	125%
Aggregate Covered Claims Basis		180/12	180/12	180/12	180/12
<b>Aggregate Premium</b>					
Composite Rate	1,146	\$3.11	\$3.18	\$3.18	\$3.05
Estimated Policy Term Agg Premium	<b>1,146</b>	\$42,769	\$43,731	\$43,731	\$41,944
Commission		0.00%	0.00%	0.00%	0.00%
<b>Total Combined Estimated Policy Term Premium</b>		<b>\$1,703,762</b>	<b>\$1,625,003</b>	<b>\$1,528,555</b>	<b>\$2,268,934</b>

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**Individual Special Requirements:**

- Firm through 8/23/2024

## PROPOSAL NOTES (For Option 3 - 6)

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## PROPOSAL ACCEPTANCE

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Please acknowledge acceptance of the terms in this proposal by signing and returning by 08/23/2024. Please also indicate which option is chosen and whether Aggregate is to be included by checking the appropriate boxes on the previous page. All payments after the effective date of this policy, found on the previous page, must use the rates selected. Any deviation from the rates specified could result in an underpayment leading to a possible policy cancellation.

**Failure to remit the signed agreement by 08/23/2024 will result in this proposal being considered expired.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

initials: \_\_\_\_\_ date: \_\_\_\_\_

## BASIS OF OFFER

### Assumptions

- Aggregate coverage is only available when purchased with Specific coverage.
- This proposal is subject to revision if there is a change in Proposed Effective or Renewal Dates or a change in the Covered Underlying Plan.
- This proposal is based on the utilization of the Provider Network(s) and the Utilization Review Vendor(s) listed in this proposal.
- This proposal assumes a minimum participation level of 50%.
- This proposal assumes the Covered Underlying Plan includes a pre-certification, utilization review and large case management program.
- This proposal is based on a description of the employee benefit plan(s) provided and approved by HM; employee and dependent census data; submission of any requested claim information; and any other information relevant to the underwriting risk. If any of the information was incorrect or changes the risk involved, the rates and factors will be modified, and the Specific and Aggregate claims will be adjusted accordingly.
- Surcharges (including the bad debt and charity surcharge portion of the New York Reform Act applicable to services are rendered in New York State), pool charges, and/or covered lives assessments may be covered under the Stop Loss Policy if such charges are considered a claim cost. HM is not responsible for the filing and/or payment of any assessment for which HM is not directly liable including, but not limited to, the New Hampshire Vaccine Assessment as modified by NH HB 664.
- All standard policy provisions apply. The laws of the state where the policy is issued will apply. Certain exclusions and limitations may apply.
- The terms of this proposal are subject to revision by HM if there is a change in any state law or regulation between the date of this proposal and the effective date of the proposed Stop Loss coverage if HM deems such change to have a material effect on the risk being assumed. Such a revision can be made even if the proposal has already been accepted.
- This proposal will expire on the Proposed Effective Date.
- The dollar value of the minimum deductible shown above is representative. The actual value of the minimum deductible will be calculated according to the terms of the Stop Loss Policy.
- Unless otherwise limited or excluded by the Stop Loss Policy or under the Individual Special Requirements, Eligible Claim expenses under the Stop Loss Policy will follow the Covered Underlying Plan, up to the proposed Maximum Specific Benefit.
- The Agent is properly licensed and appointed by HM.
- The initial rates are guaranteed for the proposed Policy Term unless otherwise noted.
- There are no more than 15% COBRA participants.

### Qualifications

- Any Stop Loss insurance requested and the Proposed Effective Date of that coverage must be approved by HM under Our current rules and practices.
- Both the premium rates and the Aggregate factors are subject to change should the number of Covered Units change by 10% or more, either in total and/or by single/family mix.
- If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, an updated Summary Plan Document or other acceptable plan description is required within 60 days of the Effective Date, and the premium rates and Aggregate factors may be subject to re-rating, retro-active to the Effective Date.
- This quote assumes the Covered Underlying Plan will include standard industry provisions and definitions including, but not limited to, eligibility, HIPAA, termination, leave of absence or disability, FMLA, subrogation, transplants and COB and exclusions for job-related injuries, treatments that are experimental and/or investigational, cosmetic, not medically necessary, war, felonies, charges in excess of usual and customary, and foreign medical care when traveling outside of the U.S. solely for the purpose of receiving medical care. In the event that a Summary Plan Document is not available within 60 days from the Proposed Effective Date, We reserve the right to issue the policy assuming standard exclusions will apply.

Coverage is underwritten by Florida Blue, Jacksonville, FL and is administered by HM Life Insurance Company, Pittsburgh, PA. HM Life Insurance Company is an independent company providing only administrative services.

- HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of "Health Care Operations." HM will use this information solely for the purpose of evaluating and accepting the risk and will not disclose any PHI collected except to perform this risk evaluation.
- The rates and factors in this proposal are based on the Disclosure of all individuals considered a special enrollee due to having previously satisfied the plan's lifetime maximum. Written acceptance by HM must be acknowledged before terms of coverage for such individuals are included under HM's Stop Loss Policy.
- Any Stop Loss Policy issued by HM may be rescinded or re-underwritten if any information requested in connection with this proposal was intentionally concealed or misrepresented by or on behalf of the Policyholder and/or the Policyholder's Agent, or if the Policyholder and/or the Policyholder's Agent commits fraud.
- As used above: An "Agent" is the prospective Policyholder's representative including, but not limited to, the agent, producer or broker of record, or Claims Administrator. A "Claims Administrator" is a third-party administrator (TPA) designated by the Policyholder and approved by Us. Disclosure or Disclosed means to provide Claim Information and any other documentation or data requested by Us including, but not limited to, Census and Demographic Information and the estimated number of Covered Units prior to the beginning of the Policy Term.