## UNIMERICA INSURANCE COMPANY



## SUBSEQUENT POLICY PERIOD OFFER REV # 1

Employer: CITY OF BROKEN ARROW

Effective Date: JULY 01, 2016
Producer: TEAH CORLEY
Underwriter: CINDY WEAVER

Sales Reps: CHRIS SLEZAK, JIM MACAITIS

Date: 06/13/2016

SPECIFIC COVERAGE Specific Deductible Amount		Option 1 \$100,000	Option 2 \$115,000	Option 3 \$125,000
Aggregating Specific Deductible		\$100,000.00	\$100,000.00	\$100,000.00
Specific Maximum		Unlimited	Unlimited	Unlimited
EMPLOYEE	218	\$45.20	\$39.71	\$34.85
FAMILY	288	\$115.97	\$101.90	\$89.42
Total Lives/Annual Premium	506	\$519,035.52	\$456,047.76	\$400,203.12
Commission		0%	0%	0%
Benefits Covered		MED/RX	MED/RX	MED/RX
Specific Contract Basis		60/12	60/12	60/12
AGGREGATE COVERAGE				
Annual Aggregate Amount		\$8,037,204	\$8,254,224	\$8,398,884
EMPLOYEE	218	\$736.66	\$756.55	\$769.81
FAMILY	288	\$1,767.97	\$1,815.71	\$1,847.53
Benefits Covered		MED/RX	MED/RX	MED/RX
Aggregate Contract Basis		60/12	60/12	60/12
Monthly Premium Per EE		\$4.07	\$4.07	\$4.07
Commission		0%	0%	0%

## **CONDITIONS AND ASSUMPTIONS**

- ~ All previous offers are void.
- ~ Claims that exceed the Specific Deductible up to the stated Aggregating Specific Deductible are not eligible claims under Specific or Aggregate coverage.
- ~ Option(s) 1 3 of this proposal include(s) an Experience Refund which will allow for a refund of 25 % of Net Profit provided this stop loss coverage continues for a subsequent Policy Period and is in force at the time of refund.
- ~ Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
- ~ Current plan has been quoted.
- ~ The Plan will have Network: Preferred Community Choice Case Manager: CoreSource TPA: CoreSource
- ~ Retirees are covered for medical benefits.
- ~ Specific Accommodation Reimbursement is available at no additional cost.
- ~ Aggregate Liability Limit: \$ 1,000,000 per Benefit Period.
- ~ Minimum Annual Aggregate Deductible is 100 % of the above Attachment Point or 100 % of the first monthly Aggregate Deductible times twelve, whichever is greater.
- ~ This offer includes, at no additional cost, the IRO Extended Liability Endorsement which provides a 12-month extension of coverage for any paid claim that is denied and subsequently overturned by an IRO upon appeal.
- ~ This offer includes access to the OptumHealth Care Solutions network. Access is included to the Centers of Excellence Networks for transplants, cancer and other complex medical conditions. With a pre-qualified service at a Center of Excellence Network Facility the covered person's specific deductible will be reduced 15% in the Benefit Period the expense is paid by the Plan.
- ~ The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer or can void the offer and coverage.
- ~ This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by June 20, 2016.

Circle Coverages & Options Elected	Signature:
Dated:	Title: