

SPECIFIC STOP LOSS BENEFIT

		<u>Option 1</u>	
		<u>Medical, Rx Card</u>	
Covered Benefits			
Contract Basis		PAID	
Annual Specific Deductible per Individual	\$	100,000	
except for			
	\$	475,000	
Maximum Annual Reimbursement		Unlimited	
Maximum Lifetime Reimbursement		Unlimited	
No Laser Option		Included	
Quoted Rate Per Month	<u>Enrollment</u>		
Single	234	\$	45.55
Family	296	\$	118.18
Estimated Annual Premium		\$	547,679.76
Quoted Rate(s) includes Commissions of			0.00%
Aggregating Specific Deductible		\$	100,000

AGGREGATE STOP LOSS BENEFIT

		<u>Option 1</u>	
		<u>Medical, Rx Card</u>	
Covered Benefits			
Contract Basis		PAID	
Maximum Annual Reimbursement	\$	1,000,000	
Rate Per Month	<u>Enrollment</u>		
Composite	530	\$	3.84
Estimated Annual Premium		\$	24,422.40
Rate(s) includes Commissions of			0.00%
Monthly Aggregate Claim Factors	<u>Enrollment</u>		
<u>Medical, RxCard</u>			
Single	234	\$	715.60
Family	296	\$	1,717.44
Annual Aggregate Deductible		\$	8,109,752
Minimum Aggregate Deductible		\$	8,109,752

OVERALL COST SUMMARY

		<u>Option 1</u>	
Total Annual Fixed Costs	\$	572,102	
Variable Costs	\$	8,109,752	
Maximum Annual Liability (includes \$100k Agg. Spec)	\$	8,781,854	

Proposal Qualifications and Contingencies

Coverage cannot be bound until all terms and conditions have been satisfied and all information requested has been received and approved by Partners MGU. Proposed terms are based on the completeness and accuracy of all information provided. In the event that the information provided is incomplete, inaccurate, or the risk characteristics materially change between the date of this proposal and the effective date of the policy issued, Partners MGU reserves the right to modify the rates, terms and/or conditions of the proposal.

Proposal is based on a minimum of 75% participation

Proposed terms exclude any individual who had a qualifying event and did not elect COBRA within the required time frame; any individual whose COBRA benefit extension is exhausted; any person who is terminated, or deceased.

This proposal assumes the plan covers only full-time and regular part-time hourly and salaried employees, unless otherwise noted.

Final approval is subject to receipt of Disclosure, Claim Information and any other information requested in connection with this proposal, including but not limited to a completed Disclosure Form, Application, first month's premium check, signed proposal, final census, and any other required information as stated in the Qualifications and Contingencies or other correspondence.

This proposal is illustrative and requires updated Claims and Disclosure reports through 10 months in order to finalize our rates and factors, as well as to determine if any Higher Individual Specific Deductibles are required. The following reports are required for disclosure: 50% report (with name/unique identifier, primary diagnosis and paid amount), trigger report, pre-cert report, large case management report/notes, pended/denied/held/suspended report, and a transplant listing (if applicable).

Active Service, disabled, hospital confined, or similar provisions will apply unless a completed and signed Disclosure Form, or other information acceptable to Partners MGU, is received and approved by underwriting.

Please provide details on any individuals who have been confined in the hospital for 30 days or more in the most recent 12 months or are currently on an organ transplant list.

If average monthly paid claims in the last two months of the most recent coverage period exceed 125% of the average monthly paid claims in the first ten months of the same coverage, Partners MGU reserves the right to revise the rates and factors shown on this proposal.

Rates and/or Factors are subject to change if final enrollment varies by more than 10% from proposal assumptions, either in total, plan election and/or by single/family mix.

Certain producers may receive compensation related to the sale of the products and services offered in this proposal. We encourage producers and their clients to discuss what commissions/compensations may be paid in connections with the purchase of products and services from Partners MGU.

This proposal assumes that the Agent/Broker is operating under the appropriate license and has been appointed with the Company in the state in which the group has situs.

Proposed rates are inclusive of any additional state assessments which may apply.

Proposal assumes the Plan Document will include traditional industry provisions and definitions including, but not limited to the following: eligibility; HIPAA; termination provisions; extension for leave of absence or disability; FMLA; subrogation; transplants; Coordination of Benefits (COB); and exclusions for job related injuries, experimental and cosmetic treatment, usual and customary charges, war, not medically necessary, and traveling outside of the U.S. solely for the purpose of receiving medical care. In the event that a Plan Document is not available within 90 days from the proposed effective date, we reserve the right to issue the Policy assuming standard exclusions will apply.

This proposal assumes the plan of benefits includes pre-certification, utilization review, and large case management programs.

Specific Advancement is included.

Retirees are included under the proposal. Coverage is limited to Active Employees, retirees, their eligible dependents and eligible COBRA beneficiaries.

Current benefit plan(s) quoted.

The proposal is based on the following network(s): Preferred Community Choice with PHCS wrap.

Quote is based on Coresource as the administrator.

Option 1 includes No New Laser on renewal. At renewal, provided the groups risk characteristics remain the same, the Specific Stop Loss Premium rates and Aggregating Specific Deductible will not increase by more than 49%. Any current Laser is eligible to remain in place but cannot be increased.

Contract type is Paid, Incurred in 72 months, Paid in 12 months. Claims incurred from 7/1/2012 through 6/30/2018 and paid from 7/1/2017 through 6/30/2018.