

UNIMERICA INSURANCE COMPANY



SUBSEQUENT POLICY PERIOD OFFER

Final

Employer: CITY OF FOLEY AL

Effective Date: JANUARY 01, 2014

Producer: JOHN DONALDSON

Underwriter: NAOMI ZELLERS

Sales Reps: DONALDSON HRH

Date: 12/12/2013

SPECIFIC COVERAGE

		Option 1
Specific Deductible Amount		\$50,000
Specific Maximum		Unlimited
EMPLOYEE	93	\$62.46
FAMILY	165	\$156.43
Total Lives/Annual Premium	258	\$379,436.76
Commission		15%
Benefits Covered		MED/RX
Specific Contract Basis		72/12

AGGREGATE COVERAGE

Annual Aggregate Amount		\$3,044,040
EMPLOYEE	93	\$478.40
FAMILY	165	\$1,267.75
Benefits Covered		MED/RX
Aggregate Contract Basis		72/12
Monthly Premium Per EE		\$4.82
Aggregate Accommodation Per EE		\$1.50
Commission		15%

CONDITIONS AND ASSUMPTIONS

- ~ Option(s) #1 & #2 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.
 - ~ The above specific rates include a feature which will guarantee your Subsequent Policy Period beginning 1/1/2015 will not contain any new lasers. Additionally, the Specific Monthly Premium Rates and Aggregating Specific Deductible (if applicable) will not increase more than 55% over the rate and Aggregating Specific Deductible inforce (the "Rate Cap"). The Rate Cap will not apply if the Company determines there is a material change to the Policyholder's Plan, the terms or conditions of the Stop Loss Policy, or the nature or composition of the group to whom the coverage is offered.
 - ~ Renewal rates without the rate cap of 55% would be -5% than those shown above.
 - ~ 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.
 - ~ Assumes current plan design as stated in Plan Document.
 - ~ Assumes the plan will have PPO: BC BS Case Manager: BC BS TPA: BC BS OF AL
 - ~ **RX DRUGS: MEDCO**
 - ~ Retirees are covered for medical benefits.
 - ~ This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
 - ~ Minimum Annual Aggregate Deductible is 100 % of the above Attachment Point or 100 % of the first monthly Aggregate Deductible times twelve, whichever is greater.
 - ~ Aggregate Liability Limit: \$ 1,000,000 per Benefit Period.
 - ~ 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.
 - ~ 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 and coverage.
 - ~ In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.
- 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 12/13/13.**

Circle Coverages & Options Elected	Signature:
Dated:	Title: