

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD OFFER



Employer: CITY OF FOLEY AL
Effective Date: JANUARY 01, 2016
Producer: JOHN DONALDSON
Underwriter: NAOMI ZELLERS
Sales Reps: DONALDSON HRH
Date: 11/24/2015

SPECIFIC COVERAGE		Option 1
Specific Deductible Amount		\$50,000
Aggregating Specific Deductible		\$50,000.00
Specific Maximum		Unlimited
EMPLOYEE	90	\$58.56
FAMILY	180	\$146.61
Total Lives/Annual Premium	270	\$379,922.40
Commission		15%
Benefits Covered		MED/RX
Specific Contract Basis		96/12

AGGREGATE COVERAGE		
Annual Aggregate Amount		\$3,124,812
EMPLOYEE	90	\$459.26
FAMILY	180	\$1,217.04
Benefits Covered		MED/RX
Aggregate Contract Basis		96/12
Monthly Premium Per EE		\$4.74
Aggregate Accommodation Per EE		\$1.50
Commission		15%

CONDITIONS AND ASSUMPTIONS

- ~ The above specific rates include a feature which will guarantee your Subsequent Policy Period beginning 1/1/2017 will not contain any new lasers. Additionally, the Specific Monthly Premium Rates and Aggregating Specific Deductible (if applicable) will not increase more than 85% 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.
- ~ Option(s) #1 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: BC BS Case Manager: BC BS TPA: BC BS OF AL
- ~ Retirees are covered for medical benefits.
- ~ RX DRUGS: MEDCO
- ~ This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
- ~ 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.
- ~ 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.
- ~ 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 12/9/15.

Circle Coverages & Options Elected	Signature:
Dated:	Title: