UNIMERICA INSURANCE COMPANY

OPTUM™

SUBSEQUENT POLICY PERIOD OFFER

REMOVED CASH FLOW

Employer: CITY OF FOLEY AL
Effective Date: JANUARY 01, 2018
Producer: JOHN DONALDSON
Underwriter: ROBERT BRANNON
Sales Reps: DONALDSON HRH
Date: 11/13/2017

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		**$50,000**	**$60,000**	**$70,000**
Aggregating Specific Deductible		$50,000.00	$50,000.00	$50,000.00
Specific Maximum		Unlimited	Unlimited	Unlimited
EMPLOYEE	99	$69.62	$60.34	$51.91
FAMILY	194	$175.11	$151.79	$130.58
Total Premium	293	$490,364.64	$425,051.04	$365,659.32
Commission		10.5%	10.5%	10.5%
Benefits Covered		MED/RX	MED/RX	MED/RX
Specific Contract Basis		Paid	Paid	Paid
AGGREGATE COVERAGE				
Annual Aggregate Deductible		**$3,863,052**	**$4,013,064**	**$4,163,100**
EMPLOYEE	99	$525.07	$545.46	$565.86
FAMILY	194	$1,391.44	$1,445.47	$1,499.51
Benefits Covered		MED/RX	MED/RX	MED/RX
Aggregate Contract Basis		Paid	Paid	Paid
Monthly Premium Per EE		$2.85	$3.24	$3.24
Commission		10.5%	10.5%	10.5%

CONDITIONS AND ASSUMPTIONS

- Option(s) 1, 2, & 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.
- RX: RX Benefits
- The above specific rates include a feature which will guarantee your Subsequent Policy Period beginning 1/1/2019 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.
- Claims that exceed the Specific Deductible up to the stated Aggregating Specific Deductible are not eligible claims under Specific or Aggregate coverage.
- Aggregate Liability Limit: $ 1,000,000 per Benefit Period.
- Minimum Annual Aggregate Deductible is the greater of 100% % of; 1) the Annual Aggregate Deductible; or 2) the first Monthly Aggregate Deductible times 12 months.
- 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.
- 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 Plan will have Network: BCBS Case Manager: BCBS TPA: BCBS AL
- Retirees ARE covered for medical benefits.
- 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.
- 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 11/13/2017

Circle Coverages & Options Elected	Signature:
Dated:	Title: