## **CAMDENTON R-III SCHOOL DISTRICT**

## **2017 RENEWAL**

Based On:	401 Single	241 Family
	642 To	ntal

	UNIMERICA Current	UNIMERICA Renewal #1
Specific & Aggregate Contract	72/12	84/12
Specific Deductible	\$95,000	\$95,000
Single Specific Premium	\$66.75	\$66.67
Family Specific Premium	\$150.00	\$150.13
Aggregate Premium	\$6.38	\$6.38
Precertification Fee	\$1.00	\$1.00
Single Administration Fee	\$13.50	\$13.50
Family Administration Fee	\$13.50	\$13.50
COBRA/HIPAA Administration Fee	\$1.00	\$1.00
PPO Access Fee	\$7.00	\$7.00
Broker Fee*	\$2.00	\$2.00
Single Aggregate Factor (Medical & Rx)	\$501.61	\$526.69
Family Aggregate Factor (Medical & Rx)	\$1,020.10	\$1,071.11
Expected Monthly Premium	\$82,741.71	\$82,740.96
		0.0%
Monthly Claim Liability	\$446,989.71	\$469,340.20
		5.0%
Maximum Overall Exposure	\$529,731.42	\$552,081.16
		4.2%

Note: Marketing fees are payable to Med-Pay, Inc., as follows: Specific/Aggregate Stop Loss

0 % Level Schedule

\*Broker Fee is payable as follows: \$1.00 PEPM to Wallstreet Insurance Group & \$1.00 PEPM to McGrath Insurance Group.

This signed form becomes an addendum to the Administrative Services Agreement effective upon the renewal date.

Renewal Number:	
Accepted By:	
Date:	