

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD OFFER



Employer: CAMDENTON R III SCHOOL DISTRICT
Effective Date: JULY 01, 2017
Producer: MARSHALL KINNE
Underwriter: SHERRI SIEKAS
Sales Reps: CHRIS SLEZAK, JIM MACAITIS
Date: 04/13/2017

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$95,000	\$100,000	\$110,000
Specific Maximum		Unlimited	Unlimited	Unlimited
EMPLOYEE	401	\$66.67	\$64.29	\$60.35
FAMILY	241	\$150.13	\$144.76	\$135.88
Total Lives/Annual Premium	642	\$754,992.00	\$728,009.40	\$683,369.16
Commission		0%	0%	0%
Benefits Covered		MED/RX	MED/RX	MED/RX
Specific Contract Basis		84/12	84/12	84/12
AGGREGATE COVERAGE				
Annual Aggregate Amount		\$5,632,080	\$5,685,732	\$5,739,348
EMPLOYEE	401	\$526.69	\$531.71	\$536.72
FAMILY	241	\$1,071.11	\$1,081.31	\$1,091.51
Benefits Covered		MED/RX	MED/RX	MED/RX
Aggregate Contract Basis		84/12	84/12	84/12
Monthly Premium Per EE		\$6.38	\$6.38	\$6.38
Commission		0%	0%	0%

CONDITIONS AND ASSUMPTIONS

- ~ Option(s) 1-3 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.
- ~ 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: Healthlink OA Case Manager: REQUIRED TPA: Med-Pay
- ~ 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.
- ~ 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.
- ~ This policy will terminate when the total number of employee lives is less than 25 as outlined in the Excess Loss Policy.
- ~ 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.
- ~ 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.
- ~ This offer includes access to the OptumHealth Care Solutions network. Access is included to the Centers of Excellence Networks for transplants, cancer and other complex medical conditions. With a pre-qualified service at a Center of Excellence Network Facility the covered person's specific deductible will be reduced 15% in the Benefit Period the expense is paid by the Plan.
- ~ Specific Accommodation Reimbursement is available at no additional cost.
- ~ Aggregate Liability Limit: \$ 1,000,000 per Benefit Period.
- ~ Minimum Annual Aggregate Deductible is 90 % of the above Attachment Point or 90 % of the first monthly Aggregate Deductible times twelve, whichever is greater.

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 elects one of the above options, signs the acknowledgment and we receive the completed Offer by April 27th, 2017

Circle Coverages & Options Elected	Signature:
Dated:	Title: