City of Racine

1/2011 Effective Date

CARRIER:	SLG SLG		SLG	SLG	
	Current	Renewal	Revised	With 7% Commission	
ENROLLMENT:					
SINGLE	460	460	460	460	
FAMILY	1121	1121	1121	1121	
SPECIFIC STOP LOSS LEVEL:	\$200,000	\$200,000	\$200,000	\$200,000	
CONTRACT TYPE	24/12	24/12	24/12	24/12	
COVERAGE:	Med/Rx	Med/Rx	Med/Rx	Med/Rx	
	W			I WOUT IX	
SINGLE:	\$18.59	\$23.53	\$21.73	\$20.85	
•	•		, , , , ,	420.00	
FAMILY:	\$45.00	\$56.26	\$51.95	\$49.87	
				ψ 10.01	
MONTHLY	\$58,996.40	\$73,891.26	\$68,231.75	\$65,495.27	
				, , , , , , , , , , , , , , , , , , , ,	
ANNUAL	\$707,956.80	\$886,695.12	\$818,781.00	\$785,943.24	
		25.25%	15.65%	11.02%	
CONTINGENCIES:					
		Member 1 Laser at	Member 1 Laser at	Member 1 Laser at	
Lasered Claimants:		\$250,000	\$250,000	\$250,000	
9					
*					
			Member 2 if 2nd transplant	Member 2 if 2nd transplant	
*		laser of \$350,000	laser of \$350,000	laser of \$350,000	
,		Disclosure Information plus	Disclosure Information plus	Disclosure Information plus	
Contingencies		detailed information on:	detailed information on:	detailed information on:	
Contingentions		detailed information on.	detailed information on.	detailed illioithation on.	
		Member 3- Confirmation	8		
		that plan is secondary to	Member 3 - Status change	Member 3 - Status change	
		her primary coverage	will require review	will require review	
		, so printed to to tage		Will rogallo roviow	
		Member 4 Confirmation			
		that all pended claims are		<u></u>	
		paid prior to 1/2011	Member 4 - Resolved	Member 4 - Resolved	
		effective date			
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	Member 5 - further clair review	Member 5 - Approved assuming claims are paid prior to effective date	Member 5 - Approved assuming claims are paid prior to effective date
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CGI	Elite Undw.	Elite Undw.
With 7% Commission	Gerber life	With 7% Commission
460	460	460
1121	1121	1121
\$200,000	\$200,000	\$200,000
	24/12	24/12
Med/Rx	Med/Rx	Med/Rx
\$22.76	\$26.92	\$25.85
\$54.15	\$54.87	\$52.69
\$71,171.75	\$73,892.47	\$70,956.49
\$854,061.00	\$886,709.64	\$851,477.88
20.64%	25.25%	20.27%
Require updated information and full disclosure	Require updated information and full disclosure	Require updated information and full disclosure
	## 460 ## 1121 ## \$200,000 ## 24/12 ## Med/Rx ## \$22.76 ## \$54.15 ## \$71,171.75 ## \$854,061.00 ## 20.64% Require updated information and full	With 7% Commission Gerber life 460 460 1121 1121 \$200,000 \$200,000 24/12 24/12 Med/Rx Med/Rx \$22.76 \$26.92 \$54.15 \$54.87 \$71,171.75 \$73,892.47 \$854,061.00 \$886,709.64 20.64% 25.25% Require updated information and full