

CARRIER:	Sun Life Current	Sun Life Renewal \$200k	Sun Life Renewal \$225k	Sun Life Renewal \$250k	Sun Life Renewal \$300k	Sun Life Renewal \$400k	Sun Life Renewal \$500k
<b>ENROLLMENT:</b> SINGLE FAMILY	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102
<b>SPECIFIC STOP LOSS LEVEL:</b> <b>CONTRACT TYPE</b> <b>COVERAGE:</b>	\$200,000 24/12 Med/Rx	\$200,000 24/12 Med/Rx	\$225,000 24/12 Med/Rx	\$250,000 24/12 Med/Rx	\$300,000 24/12 Med/Rx	\$400,000 24/12 Med/Rx	\$500,000 24/12 Med/Rx
<b>SINGLE:</b>	\$13.98	\$17.05	\$15.30	\$13.28	\$10.07	\$6.43	\$4.06
<b>FAMILY:</b>	\$37.45	\$45.68	\$40.98	\$35.58	\$26.97	\$17.22	\$10.88
<b>MONTHLY</b>	\$47,616.82	\$58,080.06	\$52,106.16	\$45,238.28	\$34,292.72	\$21,895.66	\$13,833.00
<b>ANNUAL</b>	\$571,401.84	\$696,960.72	\$625,273.92	\$542,859.36	\$411,512.64	\$262,747.92	\$165,996.00
<b>CONTINGENCIES:</b> Lasered Claimants:							
Claimant #1:		\$300,000	\$300,000	\$300,000	\$450,000	\$450,000	\$450,000
Claimant #2:		\$450,000	\$450,000	\$450,000	\$450,000	\$450,000	\$450,000
Claimant #3:							
P x-plant paid prior to 12/31, then laser will be removed							

CARRIER:	United Healthcare \$200k	United Healthcare \$250k	United Healthcare \$300k	United Healthcare \$200k	ING/RELIASTAR \$200k	ING/RELIASTAR \$500k
<b>ENROLLMENT:</b> SINGLE FAMILY	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102	1556 454 1102
<b>SPECIFIC STOP LOSS LEVEL:</b> <b>CONTRACT TYPE</b> <b>COVERAGE:</b>	\$200,000 24/12 Med Only	\$250,000 24/12 Med Only	\$300,000 24/12 Med Only	\$200,000 18/12 Med/Rx	\$200,000 18/12 Med/Rx	\$500,000 18/12 Med/Rx
<b>SINGLE:</b>	\$34.13	\$24.50	\$18.54	\$40.31	\$9.87	\$9.87
<b>FAMILY:</b>	\$34.13	\$24.50	\$18.54	\$40.31	\$9.87	\$9.87
<b>MONTHLY</b>	\$53,106.28	\$38,122.00	\$28,848.24	\$62,724.09	\$15,352.53	\$15,352.53
<b>ANNUAL</b>	\$637,275.36	\$457,464.00	\$346,178.88	\$752,689.07	\$184,230.40	\$184,230.40
<b>CONTINGENCIES:</b> Lasered Claimants:						
Claimant #1:	\$300,000	\$300,000	\$300,000	None	None	None
Claimant #2:						
Claimant #3:						
P x-plant paid prior to 12/31, then laser will be removed						

Estimated Premium

Specific Level

Group Name

<u>Group Name</u>	<u>Est. Size</u>	<u>Specific Level</u>	<u>Estimated Premium</u>
City of Racine	1556	\$200,000	\$693,000
City of Kenosha	942	\$125,000	\$900,000
City of Appleton	782	\$175,000	\$335,000
City of LaCrosse	675	\$100,000	\$420,000
City of Janesville	540	\$100,000	\$570,000
City of Oshkosh	612	\$75,000	\$762,000
City of Green Bay	1100	\$250,000	N/A
City of Wauwatosa	574	\$75,000	\$648,000
Milw. County	14000	\$250,000	N/A
City of Beloit	472	\$100,000	\$584,000
Kenosha County	1175	\$150,000	\$592,200
Wood County	603	\$100,000	\$654,000
Marinette County	420	\$100,000	\$567,000
City of Madison	Insured with primary coverage through HMO's		
City of Waukesha	Insured		
City of Eau Claire	Insured		
Eau Claire County	Insured		

with \$65,000 Aggr. Specific

N/A Not Available



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Retirees Included

CARRIER:	Sun Life Current	Sun Life Renewal	United Healthcare
<b>ENROLLMENT:</b>	1556	1556	1556
SINGLE	454	454	454
FAMILY	1102	1102	1102
<b>ADMINISTRATION</b>			
PEPM	\$35.38	\$36.71	\$36.71
MONTHLY	\$55,051.28	\$57,120.76	\$57,120.76
ANNUAL	\$660,615.36	\$685,449.12	\$685,449.12
<b>SPECIFIC STOP LOSS LEVEL:</b>	\$200,000	\$200,000	\$200,000
<b>CONTRACT TYPE</b>	24/12	24/12	24/12
<b>COVERAGE:</b>	Med/Rx	Med/Rx	Med Only
SINGLE:	\$13.98	\$17.89	\$34.06
FAMILY:	\$37.45	\$47.94	\$34.06
MONTHLY	\$47,616.82	\$60,951.94	\$52,990.44
ANNUAL	\$571,401.84	\$731,423.28	\$635,885.33
<b>TOTAL FIXED COST</b>	<b>\$1,232,017.20</b>	<b>\$1,416,872.40</b>	<b>\$1,321,334.45</b>
<b>CONTINGENCIES:</b>			
Lasered Claimants	Claimant #1:	\$400,000	Undisclosed
	Claimant #2:	\$250,000	
	Claimant #3:	\$250,000	
	Claimant #4:	\$450,000	
	Claimant #5:	\$450,000	
	Claimant #6:	\$400,000	



Sun Life Assurance Company of Canada  
222 South Riverside Plaza  
Suite 860  
Chicago, IL 60606  
Tel: 312-454-9632  
Fax: 312-454-0760  
Charles\_Parker@sunlife.com

October 17, 2008

John Manthy  
The Horton Group  
N19 W24101 N. Riverwood Drive  
Waukesha, WI 53188

RE: Group Sponsor Name: City of Racine  
Group Policy Number: 007317  
Renewal Date: January 1, 2009

Dear Mr. Manthy:

We are pleased to present the enclosed renewal proposal for City of Racine for the policy year ending December 31, 2008.

At Sun Life Assurance Company of Canada, we are dedicated to providing quality coverage in a cost-effective manner. The Specific rates noted in the attached renewal proposal reflect market conditions, deductible leveraged trend, plan design, and the current distribution of employees, by age, gender and work location.

Please let us know whether City of Racine accepts the renewal or would like to select an alternative renewal, by signing and dating the renewal forms. You can return the form to me by mail or by fax.

It has been our pleasure to serve City of Racine and we look forward to continuing our relationship. Our mission is to understand our customers needs and deliver the products and services to meet those needs. Please call me with any questions.

Sincerely,

Chad Parker  
Sr. Group Representative  
Chicago Group Office  
Underwriter: Sarah Bell

SLPC 15793

Sun Life Assurance Company of Canada  
is a member of the Sun Life Financial group of companies.

[www.sunlife-usa.com](http://www.sunlife-usa.com)

**Renewal Proposal For  
City of Racine  
Group Policy Number - 007317  
SPECIFIC STOP LOSS - Effective January 1, 2009**

Benefits Covered:	Current Plan	Medical & PDP	Medical & PDP	Medical & PDP
Enrolled Employees				
Single		454		
Family		1102		
Total		1556		
Specific Deductible		\$200,000		
Current Rates:				
Single		\$13.98		
Family		\$37.45		
Est. Current Annual Premium		\$571,402		
<b>Renewal Rates:</b>				
<b>Single</b>		\$17.89	\$13.28	\$26.52
<b>Family</b>		\$47.94	\$35.58	\$71.05
<b>Est. Annual Renewal Premium</b>		\$731,423	\$542,859	\$1,084,046
<b>Renewal Rate Action</b>		28%	-5%	90%
<b>Please Select Renewal Option:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a Summary of the new terms that will apply to the 2009 Stop Loss Policy that differs from the existing policy.

- Renewal acceptance by Sun Life is subject to receipt and review of large claims over \$50,000, with diagnosis/prognosis, for the period of January 1, 2008 through October 31, 2008. Upon review of requested information, we reserve the right to recalculate quoted rates. Large claims information is to include paid, pending and known situations.
- Claims basis will renew as Paid.
- A separate Specific deductible of \$400,000 applies to [REDACTED]
- A separate Specific deductible of \$250,000 applies to [REDACTED]
- A separate Specific deductible of \$250,000 applies to [REDACTED] if not transplanted or \$500,000 if transplanted.
- A separate Specific deductible of \$450,000 applies to [REDACTED]
- A separate Specific deductible of \$450,000 applies to [REDACTED]
- A separate Specific deductible of \$400,000 applies to [REDACTED]
- The above renewal offer assumes there are no underlying plan limits that are inconsistent with the guidelines established by Americans with Disabilities Act.
- In order for Sun Life Assurance Company of Canada to process this renewal in a timely manner, please sign this form and return it to me by December 17, 2008. If renewal alternatives are elected, or if there are any changes to the underlying plan's benefit structure, please have the policyholder sign and return this form.
- Medical includes benefits paid under a Prescription Drug Plan (PDP).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

SLPC 15793

Sun Life Assurance Company of Canada  
is a member of the Sun Life Financial group of companies.

www.sunlife-usa.com