

City of Racine

1/1/2009-12/31/2009

CARRIER:	Sun Life Current	Sun Life Renewal \$200k	Sun Life Renewal \$250k	United Healthcare \$200k	United Healthcare \$250k	United Healthcare \$300k	ING/RELIASTAR \$200k
ENROLLMENT:	1556	1556	1556	1556	1556	1556	1556
SINGLE	454	454	454	454	454	454	454
FAMILY	1102	1102	1102	1102	1102	1102	1102
SPECIFIC STOP LOSS LEVEL:	\$200,000	\$200,000	\$250,000	\$200,000	\$250,000	\$300,000	\$200,000
CONTRACT TYPE	24/12	24/12	24/12	24/12	24/12	24/12	18/12
COVERAGE:	Med/Rx	Med/Rx	Med/Rx	Med Only	Med Only	Med Only	Med/Rx
SINGLE:	\$13.98	\$17.89	\$13.28	\$34.13	\$24.50	\$18.54	\$36.28
FAMILY:	\$37.45	\$47.94	\$35.58	\$34.13	\$24.50	\$18.54	\$36.28
MONTHLY	\$47,616.82	\$60,951.94	\$45,238.28	\$53,106.28	\$38,122.00	\$28,848.24	\$56,451.68
ANNUAL	\$571,401.84	\$731,423.28	\$542,859.36	\$637,275.36	\$457,464.00	\$346,178.88	\$677,420.16

CONTINGENCIES:			DISCLOSURE REQUIRED	DISCLOSURE REQUIRED
Lasered Claimants:			\$1 Million Individual Max (will be changed)	
Claimant #1:	\$300,000	\$300,000		
Claimant #2:	\$250,000			
If claims for IP x-plant paid prior to 12/31, then laser will be removed				
Claimant #3:	\$250,000			
If no x-plant: \$250k if x-plant \$500k	or \$500,000	or \$500,000		
Claimant #4:	\$450,000	\$450,000		
Removed if MDCR is indeed Primary				
Claimant #5:	\$450,000	\$450,000		
COBRA Status needed to revise laser				

Declined to Quote:

- Marlton Risk
- Alliance Underwriters
- Cairnstone Re
- Chubb
- HM Life