

Current Specific Deductible: \$275,000

	AMERICAN FIDELITY a different opinion			AMERICAN FIDELITY a different opinion			AMERICAN FIDELITY a different opinion			AMERICAN FIDELITY a different opinion			TOKIO MARINE HCC		
Stop Loss - \$275,000 - current	AM Best A+ CURRENT			AM Best A+ Preliminary Renewal			AM Best A+ Firm Renewal			AM Best A+ Negotiated Firm Renewal			AM Best A++ Quote		
FINANCIAL															
Total Stop Loss Premium	\$1,090,443			\$1,195,327			\$1,085,991			\$1,020,991			\$1,003,976		
Specific Premium	\$840,443			\$945,327			\$910,991			\$910,991			\$963,976		
Maximum Laser Liability	\$250,000			\$250,000			\$175,000			\$110,000			\$40,000		
Specific Rate	Per employee per month			Per employee per month			Per employee per month			Per employee per month			Per employee per month		
Rate Basis	<i>EE</i>	468	\$34.97	<i>EE</i>	468	\$39.32	<i>EE</i>	468	\$37.89	<i>EE</i>	468	\$37.89	<i>EE</i>	468	\$31.18
	<i>FAM</i>	583	\$92.06	<i>FAM</i>	583	\$103.56	<i>FAM</i>	583	\$99.80	<i>FAM</i>	583	\$99.80	<i>FAM</i>	583	\$112.76
SPECIFIC CONTRACT															
Contract Basis	24/12			24/12			24/12			24/12			24/12		
Deductible Level	\$275,000			\$275,000			\$275,000			\$275,000			\$275,000		
Coverage Included	Medical & RX			Medical & RX			Medical & RX			Medical & RX			Medical & RX		
No New Laser Provision	Not included			Not included			Not included			Not included			Not included		
Renewal Rate Cap	Not included			Not included			Not included			Not included			Not included		
Specific Advancement	Included			Included			Included			Included			Included		
Experience Refund	Not included			Not included			Not included			Not included			Not included		
ADMINISTRATION															
Medical Claim Administrator	UHC			UHC			UHC			UHC			UHC		
Prescription Drug Administrator	CVS/Caremark			CVS/Caremark			CVS/Caremark			CVS/Caremark			CVS/Caremark		
Network	UHC Choice Plus			UHC Choice Plus			UHC Choice Plus			UHC Choice Plus			UHC Choice Plus		
SPD Mirroring	Not included			Included			Included			Included			Included		
UNDERWRITING															
Lock Period	--			Claims through August			Firm through 10/20			Firm through 10/20			Firm through 10/21		
Laser Liability	Claimant 1: \$450,000 Claimant 2: \$350,000			Claimant 1: \$450,000 Claimant 2: \$350,000			Claimant 1: \$450,000			Claimant 1: \$385,000			Claimant 1: \$315,000		
Underwriting Contingencies	--			--			Assumes DM will be enrolling as Medicare primary in Nov 2022			Assumes DM will be enrolling as Medicare primary in Nov 2022			--		