



Madison County Board of Supervisors Effective: 10/01/2020

Stop Loss Terms			Current	Option 1	Option 2	FINAL
Market			Excess Risk Reinsurance	Tokio Marine HCC	UnitedHealthcare BP	UnitedHealthcare BP
Network			UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
Commission			0.00%	0.00%	0.00%	0.00%
Specific						
Deductible			100,000	100,000	100,000	100,000
Aggregating Specific			90,000	90,000	90,000	90,000
Maximum Coverage Limit			Unlimited	Unlimited	Unlimited	Unlimited
Contract			24/12	24/12	24/12	24/12
Coverages			Med, Rx	Med, Rx	Med, Rx	Med, Rx
Disclosure				30 - 120 days	60 days	60 days
Final Claim Data				30 - 120 days	through 10 months	through 10 months
Stop Loss Premium (Fixed)						
Specific	Single	240	\$35.40	\$66.72	\$46.37	\$35.47
	Family	149	\$88.50	\$178.30	\$115.93	\$88.68
Annual Specific Premium			\$260,190.00	\$510,954.00	\$340,828.44	\$260,713.44
Total Annual Premium			\$260,190.00	\$510,954.00	\$340,828.44	\$260,713.44
Stop Loss Premium % Change				96.38%	30.99%	0.20%
Annual Fixed Cost			\$260,190.00	\$510,954.00	\$340,828.44	\$260,713.44
Expected Plan Cost			\$260,190.00	\$510,954.00	\$340,828.44	\$260,713.44
Summary						
Specific and Aggregate Premium			\$260,190.00	\$510,954.00	\$340,828.44	\$158,559.84
Additional Liability			\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00
Expected Claim Liability						
Total Annual Expected Claim and Fixed Costs			\$350,190.00	\$600,954.00	\$430,828.44	\$248,559.84
Maximum Plan Cost			\$350,190.00	\$600,954.00	\$430,828.44	\$350,713.44
% Change				71.61%	23.03%	0.15%

Qualifications

Due to the relationship UMR has with many of these carriers/mgu's, a signed disclosure statement may not be required on existing UMR medical customers.

In addition, some of the carriers/mgu's have agreed to extend the disclosure period in an effort to finalize existing UMR medical customers at an earlier date.

Please consult with your SAE or Sales Director for more details.

If a stop loss proposal is accepted other than from a preferred UMR Stop Loss Carrier (list available from your UHC AE/SAE or UMR Sales Director), a non-preferred vendor surcharge fee will apply as outlined in the UMR Administrative Proposal.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.

Tokio Marine HCC
Retirees not covered.

UnitedHealthcare BP
Laser Individual: C0837232101 \$200,000

Neither UMR nor the Stop Loss Carriers will be bound by any typographical errors and/or omissions contained herein. Please refer to actual proposal for rates, enrollment counts, contingencies and other conditions.

UnitedHealthcare - BP Proposal

Proposed Schedule - Excess Loss Coverage
 United HealthCare Insurance Company
 Firm Offer

Group Name: Madison County Board of Supervisors
 Original Proposal Prepared: 8/7/2020 Effective Date of Proposal: 10/1/2020
 Revision Date: _____ Expiration Date of Proposal: 8/21/2020
 Underwriter: Jana Holding Administrator of the Plan: UMR
 Network of Plan: UnitedHealthcare Choice Plus

A. SPECIFIC (INDIVIDUAL) EXCESS LOSS COVERAGE:

Specific Deductible per covered person : \$100,000

Lifetime Amount per covered person: UNLIMITED

Contract Basis: 24/12

Monthly Premium Rates:	<u># Units</u>	
Single	<u>239</u>	<u>\$35.47</u>
Family	<u>148</u>	<u>\$88.68</u>
Composite	<u>387</u>	<u>\$55.82</u>
Annual		<u>\$259,238</u>

Separate Specific Deductible(s): C0837232101 200,000

Additional Aggregating Specific Deductible: \$90,000

Run-in limit per person: n/a

Covered Benefits under Specific:

Medical Yes	RX Yes
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- Step-Down Deductible - with pre-qualified service at an OptumHealth Transplant Centers of Excellence Network Facility a 15% step down may apply/see page 2.**
- Common Accident Provision included at no cost. (Not available in Wisconsin due to state regulation.)**
- Specific Accommodation Reimbursement (12 months) is included at no cost.**
- UHC-BP Pays as UMR Pays - Enhanced Accelerated Reimbursement see page 2.**
- Independent Review Organization Coverage for Claim Appeals see page 2.**
- Optional Stop Loss Experience Refund Endorsement is available for an additional fee (not available with Aggregating Specific)**

B. AGGREGATE EXCESS LOSS COVERAGE:

n/a

C. COMMISSIONS: 0%

D. PROPOSAL QUALIFICATIONS are shown on page 2.

UnitedHealthcare - BP Proposal

Proposal Qualifications

Group Name: Madison County Board of Supervisors

Other Qualifications

Step-Down Deductible Requirement

- This quote assumes acceptance of the OptumHealth Care Solution network, access includes the Centers of Excellence Networks. With a pre-qualified service at an OptumHealth Transplant Center of Excellence Network Facility, the covered person's specific deductible will be reduced by 15% during the policy period the benefit is paid by the Plan. Not applicable to lasered individuals.

UHC-BP Pays as UMR Pays - Enhanced Accelerated Reimbursement.

- Accelerated Reimbursement is a process in which the stop loss carrier will expedite the eligible claim reimbursement to a group when an individual exceeds the Individual Specific Deductible and Aggregating Specific Deductible, if applicable. Claim requests are paid prior to any audits. In the case of any overpayment steps will be taken to recover.

Independent Review Organization - Claim Appeals

- Claim appeals approved by an Independent Review Organization (IRO) as provided in the Patient Protection and Affordable Care Act (PPACA) will be reimbursed according to the terms and conditions of the Excess Loss Policy.

Proposal Qualifications

- Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.
- Underwriting reserves the right to change the terms and/or the conditions of coverage when the participation varies by more than 10% and/or whenever plan or network changes occur.
- 75% minimum participation is required unless specifically approved by underwriting.
- Plan needs to include utilization review, large case management, precertification and transplant network - Without these products the specific rates may increase.
- Stop-loss coverage is for non-occupational injuries and illnesses.
- Government surcharges, pool charges, covered lives assessments, and PPO access fees are not covered by the Excess Loss Policy.
- Actively at work provision for employee and non-confinement provision for dependent(s) waived subject to disclosure.

Plan Assumptions

- Assumes continuation of the current plan design, unless otherwise noted, using the network indicated on page 1.

Disclosure Qualifications - (Disclosure Form will be provided)

- All claimants reported in the request for proposal as being "deceased", "terminated", "waived", and "not covered" are excluded from stop-loss coverage.
- Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.
- If we later learn of any material inaccuracy in such information, or failure or refusal to disclose any such information, including all claims or possible claims which you would know about, we may reject a claim to which such information applies, reject the application change the terms, conditions, premiums or void coverage.

PLEASE CIRCLE SELECTED OPTION on page 1. Client Signature is required : _____

Date: _____



Reunion

HEALTH SERVICES

Stop Loss Proposal

Group **Madison County Board of Supervisors**
 Carrier **Sirius America Insurance Company**
 Issued To **UMR**

Effective Date **10/1/2020**
 Underwriter **Brett Feldman**
 Printed **8/17/2020 10:43:26 AM**

This proposal is valid through 10/15/2020
Specific Covers Medical, Rx

Census	Single	Family	Total
All Cvgs	239	148	387

Option	1
Specific Deductible	100,000
Aggr Spec Deductible	90,000
Specific Maximum	Unlimited
Specific Contract	24/12
Specific Rates	
Single	49.82
Family	120.03

Aggregate Contract	None
	n/a
	n/a
	n/a
	n/a
	N/A
	n/a

Commission	0.00%
Contract Length	12
Estimated Spec Premium	\$356,057
Estimated Agg Premium	\$0
Total Attachment Point	\$0
Minimum Attachment Point	n/a
Run-In Limit	n/a
ESTIMATED FIXED PREMIUM	\$356,057.04
ESTIMATED TOTAL LIABILITY	\$356,057.04

Additional Specific Deductibles
 None



Employer **Madison County Board of Supervisors**
Eff. Date **10/1/2020**

Quote ID 162
Proposal ID 248

The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:

- This quote is based on the information supplied. We reserve the right to make changes if any of the information that the quote is based on changes.
- This quote is based on the enrollment shown on the proposal page. If the actual enrollment varies by more than 10%, we reserve the right to re-rate the case.
- A copy of the Plan Document, subject to approval by the Underwriter.
- An updated census showing number of single and family employees to be covered.
- Any claims in excess of 50% of the specific deductible. (Must include name, diagnosis, date of inception, expense amount and prognosis/status.)
- Review of shock loss information and updated claims may cause the rates to change or this quote to be withdrawn.
- This proposal assumes UMR as the TPA utilizing Choice+ network.