

Proposal Summary

Employees	TRU Rates	Monthly Premium	ERR Rates	Monthly Premium	BCS Rates	Monthly Premium	Beacon Rates	Monthly Premium
214	\$36.26	\$7,759.64	\$29.97	\$6,413.58	\$89.20	\$19,088.80	\$50.81	\$10,873.34
148	\$87.67	\$12,975.16	\$74.93	\$11,089.64	\$89.20	\$13,201.60	\$133.89	\$19,815.72
	Sub-Total	\$20,734.80		\$17,503.22		\$32,290.40		\$30,689.06
	Annual Premium	<u>\$248,817.60</u>		<u>\$210,038.64</u>		<u>\$387,484.80</u>		<u>\$368,268.72</u>

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**American Fidelity Assurance Company**

*Stop Loss Proposal*

*Presented by TRU Services, LLC*

Group	<b>Madison County Board of Supervisors Canton, MS</b>			Proposal No	<b>4</b>
Underwriter	<b>Rob Wilson</b>			Valid Thru	<b>10/11/2013</b>
Producer	<b>Jaudon &amp; Associates, LLC d.b.a. The Integrity Grou</b>	Proposal	<b>08/02/2013</b>	Expiration	<b>09/30/2014</b>
Administrator	<b>Blue Cross Blue Shield of Mississippi</b>	Effective	<b>10/01/2013</b>		

**INDIVIDUAL EXCESS LOSS COVERAGE**

	<u>Option 1</u>	<u>Option 2</u>
Annual Specific Deductible per Individual	<b>100,000</b>	<b>125,000</b>
Aggregating Specific Deductible	<b>90,000</b>	<b>70,000</b>
Quoted Rate Per Month	<u>Enrollment</u>	
Single	<b>214</b>	<b>36.26</b>
Family	<b>148</b>	<b>87.67</b>
Estimated Annual Premium	<b>248,810</b>	<b>219,056</b>
Annual Maximum	<b>1,900,000</b>	<b>1,875,000</b>
Lifetime Maximum	<b>Unlimited</b>	<b>Unlimited</b>
Reimbursement Percentage	<b>100.00%</b>	<b>100.00%</b>
Contract Type	<b>Paid</b>	<b>Paid</b>
Coverages	<b>Medical, Rx Card</b>	<b>Medical, Rx Card</b>
Quoted Rate(s) includes Commissions of	<b>5.00%</b>	<b>5.00%</b>



## American Fidelity Assurance Company

### Stop Loss Proposal

Presented by TRU Services, LLC

Group **Madison County Board of Supervisors**

Proposal No **4**

#### PROPOSAL QUALIFICATIONS AND CONTINGENCIES

- This proposal is subject to standard policy provisions, limitations, and exclusions, as well as the terms and contingencies outlined in this proposal.
- The actively-at-work for employee and non-confinement for dependent provision has been Waived.
- The PPO network is considered to be BCBS / Blue Card Network. If this is not the case, an adjustment to the quoted rates may be necessary.
- Any additional groups that are added regardless of group size, must be reviewed and approved before they can be accepted under the Stop Loss. Either a Disclosure Statement on the group or Proof of Good Health Questionnaire on each individual must be completed and submitted for review prior to the effective date of coverage of the addition.
- This proposal is based on an aggregating specific deductible option. Each claimant must satisfy the group's specific deductible. Then the employer must retain an additional risk corridor, equal to the aggregating specific deductible, prior to any specific reimbursements are paid.
- This proposal assumes duplication of the current level of benefits and that the underlying Plan includes pre-certification/pre-authorization requirement. If you have amended or restated your Plan Document, we require formal executed amendments for any plan changes enacted, including such changes as a result of Health Care Reform. Please outline the changes anticipated so that we can determine if there is any pricing impact.
- The quoted specific rates can be considered firm.
- This proposal is based on the following disclosed claimants: [REDACTED]

Although we do not require a disclosure statement to be completed on a TRU Services, LLC renewal account, it is expected that any potential claim situation has been disclosed to us throughout the policy period and/or during the renewal process. This proposal assumes that there are no other individuals who should be reported due to trigger diagnosis, wait-listed for or history of organ/tissue transplant, open pre-certification, open LCM, disabled, etc. Failure to disclose known individuals may result in an adjustment to the reimbursement otherwise due the Plan Sponsor.

- The Plan Document of Record is considered to be: Madison County BOS Plan Type C615 Revised effective 1/1/13 BCBS 21702A. If this is not the case, please submit all updated Plan Document(s), Amendments and/or updated Leave Policies for review and approval.
- The "paid" contract indicated on the rate page is actually an 84/12 contract.
- As an exception for BCBSMS, we will agree to firm our renewal based on 10 months of experience. However, if after we have firmed our proposal, we are asked to revise our proposal or react to competition, our revised proposal will be subject to receipt and review of updated experience through 11 months.



A Division of Ironshore Insurance Services  
P.O. Box 1170, 605 Renaissance Way, Ridgeland, MS 39157  
Phone 601.427.0235 Fax 601.427.0245  
[www.erms.net](http://www.erms.net)

**David Dausman**  
[ddausman@erms.net](mailto:ddausman@erms.net)

**8/13/2013**

**Debbie Jaudon**  
**Integrity Group**

**Pages: 4**

**Re: Madison County**

Attached is Excess Risk's proposal for Madison County effective 10/1/13. ERR's quote assumptions are outlined below. Detailed contingencies are found in the Conditions and Assumptions of this quote.

Rates in this proposal assume 5% Specific and Aggregate commissions.

This proposal assumes that BCBS of MS will act as Third Party Administrator with network access through BCBS of MS.

**Reports Needed for Disclosure:**

- Updated Aggregate reports and Specific 50% reports as of 6/13..
- Reports detailing open, pending, and held claims as of 6/13..
- Pre-cert and/or case management reports, as applicable, for claimants at or above 50% of the Specific or for potential catastrophic claimants that have not reached 50% of the Specific as of 6/13..

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If you have any questions or if I can be of assistance, please contact me at the number above. As always, thank you for this opportunity.

David Dausman



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Insured	Madison County	Effective Date	10/1/2013
Producer	Integrity Group	Proposal Expires	10/6/2013
Contact	Debbie Jaudon	Proposal Date	8/13/2013
Carrier	Ironshore Indemnity	Underwriter	David Dausman

Third Party Administrator: BCBS of MS; PPO Network: BCBS of MS

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**SPECIFIC STOP LOSS COVERAGE**

	<u>Option 1</u>	<u>Option 2</u>
	MEDICAL, Rx	MEDICAL, Rx
	DRUGS	DRUGS
Coverages		
Contract Basis	24/12	24/12
Individual Specific Deductible	\$75,000	\$100,000
Specific Maximum Per Contract Period	UNLIMITD	UNLIMITED
Aggregating Specific Deductible	\$75,000	\$90,000

Monthly Premium Rates

	<u>Enrollment</u>		
Single	216	\$43.32	\$29.97
Family	155	\$108.30	\$74.93
Estimated Contract Premium		\$313,723	\$217,052
Commission Included		5.0%	5.0%

**AGGREGATE STOP LOSS COVERAGE**

	MEDICAL, Rx	MEDICAL, Rx
	DRUGS	DRUGS
Coverages		
Contract Basis	24/12	24/12
Maximum Aggregate Reimbursement	\$1,000,000	\$1,000,000
Individual Claim Limit	\$75,000	\$100,000
Aggregate Corridor	125%	125%

Monthly Aggregate Factors

	<u>Enrollment</u>		
Single	216	\$516.53	\$533.22
Family	155	\$1,291.33	\$1,333.04
Minimum Annual Aggregate Attachment Point		\$3,740,720	\$3,861,561

Aggregate Premium Rate

	<u>Enrollment</u>		
	371	\$3.92	\$3.92
Estimated Annual Aggregate Premium		\$17,452	\$17,452
Commission Included		5.0%	5.0%

**ESTIMATED ANNUAL COSTS**

Estimated Annual Specific Premium	\$313,723	\$217,052
Estimated Annual Aggregate Premium	\$17,452	\$17,452
Minimum Annual Aggregate Attachment Point	\$3,740,720	\$3,861,561
Estimated Maximum Costs	\$4,071,895	\$4,096,065



Madison County

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**PROPOSAL CONDITIONS AND ASSUMPTIONS**

This proposal is based on the information provided and is subject to the conditions and assumption contained herein.

- This proposal assumes that BCBS of MS will act as Third Party Administrator with network access through BCBS of MS.
- The Employer will provide a Plan Document acceptable to Excess Risk within twenty-one (21) days of the effective date of any stop loss coverage quoted in the proposal.
- No stop loss coverage will be effective until Excess Risk confirms acceptance in writing to the Employer or its representative requesting the proposal.

A signed Disclosure Statement must be completed and submitted for the underwriter's review prior to final acceptance of the risk by ERR. Final acceptance is contingent on receipt and approval of the Disclosure Statement which should detail: 1) Any covered person who has incurred claims in excess of 50% of the requested Specific deductible; 2) Any known claimants under Case Management review; and 3) Any claims pending for COBRA continuees or retirees, COB, subrogation or for any other reasons in the last 12 months.

**This proposal is a tentative quote and is based on the information submitted.** The rates, factors, and premium are subject to change based on the receipt and review of claims experience and open claimants for a period of up to one month prior to the proposed effective date. Further, ERR reserves the right to adjust the premium rates and/or attachment factors or make appropriate changes in the Policy terms if there is any inaccuracy in the data provided or a substantial change in the Plan design or census composition prior to the actual effective date or at any time during the Policy period. Rates and factors are subject to re-calculation in the event there is a 10% change in the final enrollment when compared to the initial quoted enrollment.

Any sale subject to contingencies is null and void if such contingencies are not satisfied within twenty-one (21) days of the proposed effective date.

**SPECIAL CONDITIONS**

This proposal is based on the Employer's current benefit plan and contribution structure unless otherwise noted.

The final rates and factors are contingent on the receipt and review of the following information and reports. **ERR reserves the right to modify the premium rates, factors, or tems of the Policy based on the information received.**

- Specific 50% reports as of: 6/13.. (Including diagnosis, prognosis, and case management reports for each claimant listed.)
- Monthly paid claims reports as of: 6/13.. (Including single and family enrollment counts.)

Any Aggregate terms shown in the proposal are contingent on the receipt and review of complete monthly paid claims for the 11 month period immediately preceeding the proposed effective date. Should there be any substantial variance in the claim levels from the initial quote, it may be necessary to adjust the proposed premium rates and/or Aggregate factors.

**SPECIAL CONDITIONS, continued**

**Updated medical information is required for: Any member who has incurred expenses at or above 50% of the quoted Specific deductible; Any known members under Case Management review; and, Any member who has not reached 50% of the Specific but is a potential catastrophic claimant that could be reasonably expected to meet or exceed 50% of the Specific in the coming Policy period.**

**FINAL CONTINGENCIES WILL BE DETERMINED ON RECEIPT AND REVIEW OF UPDATED MEDICAL INFORMATION AND SIGNED AND COMPLETED DISCLOSURE STATEMENT.**



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# BCS Insurance Company

2 Mid America Plaza, Suite 200 Oakbrook Terrace, IL 60181

## QUOTATION FOR EXCESS LOSS COVERAGE

**PROPOSED INSURED**  
Madison County BOS  
3545 Lakeland Drive  
Flowood MS, 39232-9799

**PRODUCER**  
Blue Cross and Blue Shield of Mississippi  
Nancy Stephens  
3545 Lakeland Drive East  
Jackson MS, 39208-9799

Policy Period: 10/01/2013 - 09/30/2014

Proposal No: 1

### Illustrative Rate Indication

#### SPECIFIC EXCESS LOSS COVERAGE

Coverages	Option 1	
	Medical, Rx Card	
Liability Basis		24/12
Specific Retention per Person	\$	100,000
Annual Maximum Amount		Unlimited
Rate(s) includes Commissions of		15.00%
Aggr Spec Fixed Annual Liability	\$	90,000
Rate Per Month	<u>Enrollment</u>	
Composite	377 \$	89.20

#### COST ANALYSIS

Estimated Annual Specific Premium	\$	403,541
Estimated Annual Total Premium	\$	403,541

**Special Considerations:****Aggregating Specific**

Option 1 includes a \$90,000 aggregating specific.

**Illustrative**

This proposal is illustrative pending the receipt and review of an updated census, monthly enrollment and claims, and large claims details through July 31, 2013. Large claimant details must include diagnosis, prognosis, and current status information for all claimants in excess of 50% of the lowest specific attachment point. Based on this updated information it is possible that illustrative rates could change and/or lasers could be applied.

**Retiree Coverage**

Retirees are not covered under stop loss.

**Specific Advance Funding**

Specific advance funding is not included with stop loss coverage.

**Proposal Terms:**

1. This document is a proposal only. BCS is not obligated to provide Stop Loss insurance coverage until a fully completed application is received, reviewed and accepted.
2. Upon receipt of the fully completed application, BCS retains the right to re-underwrite the terms of the proposed policy and/or exclude specific individuals from coverage based upon the new information received in the application.
3. Only individual claims up to the Group's Specific Stop Loss attachment point will be applied toward Aggregate Stop Loss coverage.
4. The Specific Stop Loss attachment point is per covered individual per contract period.
5. The Aggregate Stop Loss attachment point equals the Expected Losses adjusted by the Corridor percentage.
6. Reinstating Attachment Point (incurred date) definition: A definition of incurred date is as follows: A claim is considered to be incurred on the date that a service is rendered or a supply is delivered. However, in the case of a hospital claim, each day of a hospital stay is considered a separate incurred date.

**Date of Proposal:**

July 26, 2013

**BCS Excess Loss Insurance**

A BCS Financial Corporation subsidiary, BCS Insurance Company is an excess loss insurance and reinsurance specialist.

BCS Financial Corporation is a for-profit, multiple-line insurance and insurance services holding company. BCS Insurance Company is rated in the "A" category by A.M. Best and is licensed in all 50 states.

This proposal includes Eligibility Requirements, General Stop Loss Provisions and a Cost/Benefit Summary.

**Eligibility Requirements**

Only employees and their dependents that are enrolled in the group's employee benefit program are eligible for coverage. Eligibility for new employees will correspond to the eligibility provisions of the above program.

**Eligible Expenses**

Only those expenses, which are eligible under the group's employee benefit program are eligible under this excess loss program.

**Attachment Point/Deductible**

The point at which the excess loss program becomes liable for the payments made under the group's employee benefit program is the attachment point.

**Stop Loss Limit/Maximum**

The maximum amount payable by this program.

**Expected Losses**

The amount of losses per covered unit per month, anticipated to occur under the group's employee benefit program. Expected losses multiplied by the number of covered units per month are used to determine the attachment point.

**Accumulation Basis**

The accumulation basis describes which claim payments made under the group's employee benefit program will be applied toward meeting the attachment point.

**Agreement/Contract Period**

The agreement shall continue in effect for twelve months beginning at 12:01 A.M. on the effective date.

**Claim Payments**

A claim is considered to be paid when covered charges are determined and a check or draft is issued and deposited in the U.S. Mail or otherwise delivered to the payee, with funds on deposit. A claim is considered to be incurred on the date a service is rendered or a supply is delivered. In the case of a hospital claim, each day of a hospital stay is considered a separate incurred date. A claim shall mean only such amount.

**12/12**

An expense both incurred during the contract period and paid during the same contract period.

**12/15**

An expense incurred during the contract period and paid during the contract period or paid in the 3 month period immediately following the end of the contract period.

**12/18**

An expense incurred during the contract period and paid during the contract period or paid in the 6 month period immediately following the end of the contract period.

**12/24**

An expense incurred during the contract period and paid during the contract period or paid in the 12 month period immediately following the end of the contract period.

**15/12**

An expense incurred in the three-month period immediately preceding the beginning of the contract period or incurred during the contract period and expense must be paid during the contract period.

**18/12**

An expense incurred in the six-month period immediately preceding the beginning of the contract period or incurred during the contract period and expense must be paid during the contract period.

**24/12**

An expense incurred in the twelve month period immediately preceding the beginning of the contract period or incurred during the contract period and the expense must be paid during the contract period.

**PAID**

An expense incurred in any period immediately preceding the beginning of the contract period or incurred during the contract period and the expense must be paid during the contract period.

The service or supply must be specified in the group's employee benefit program as covered. The group or its administrator shall adjust, settle or compromise all claims incurred under the group's employee benefit program. Any expenses related to the payment of these claims, with the exception of adjustment or legal expenses in connection with the defense of claims will not be eligible for reimbursement under this excess loss coverage.

**Reinstating Attachment Point**

Reinstating Attachment Point (incurred date) definition: A definition of incurred date is as follows: A claim is considered to be incurred on the date that a service is rendered or a supply is delivered. However, in the case of a hospital claim, each day of a hospital stay is considered a separate incurred date.

**Continuous Confinement**

A claim is considered to be incurred on the date that a service is rendered or a supply is delivered. However, for hospital confinements, a claim is considered to be incurred on the day of admission. Successive hospital confinements separated by more than one day will be considered new confinements.

**Specific Run-In Limit**

The maximum amount of covered expenses per person during the policy period for claims incurred in the "quoted" or "elected" run-in period prior to the effective date of the policy.

**Limitations and Exclusions**

- The annual attachment point will equal the greater of the sum of the first twelve months of enrollment multiplied by the monthly attachment point or the minimum annual aggregate deductible as indicated on the proposal.
- No change in benefits provided by the group's employee benefit program shall be covered by the excess loss agreement nor shall any amounts paid as benefits resulting from such a change be counted towards the satisfaction of the attachment point. This limitation may be waived if a written acceptance of such a change is issued by BCS Insurance Company.
- All expenses for services or supplies not specifically listed as covered medical expenses under the group's employee benefit program are excluded under the excess loss program.
- All expenses for services or supplies in excess of any limitation under the group's employee benefit program are excluded under the excess loss program.
- Worker's Compensation is not covered under this proposal.
- The service or supply must be covered in the group's employee benefit plan. The group or its administrator shall audit, calculate, and pay all claims incurred under the group's employee benefit plan. Any costs of administering your plan, with the exception of adjustment or legal expenses in connection with the defense of claims, will not be eligible for reimbursement under this stop loss coverage.

**Program Administration****Premiums**

Premium will be paid monthly.

**Settlement of Claims****Specific Excess Loss**

The insured shall report losses to the insurer within the earlier of ninety days after payment or within ninety days after the end of the claims accumulation period, but in no event later than ninety (90) days after the end of the claims submission period specified in the account's benefit program. Payment of any amount due the insured shall be made thirty days after receipt of the proof of loss. Payment to the insured shall be after cession of all other insurance.

**Aggregate Excess Loss**

The insured shall report losses to the insurer within ninety days after the end of the contract year. Payment of any amount due the insured shall be made thirty days after receipt of the proof of loss. Payment to the reinsured shall be after cession of all other reinsurance.

A copy of the Summary Plan Description must be included in the submission to BCS.

**Acceptance**

A notice of acceptance must be received in writing prior to the effective date of the insurance, and it must be received prior to the expiration of the rates.

**Inspection of Records**

The insured shall maintain records as are reasonably required by BCS Insurance and shall furnish BCS Insurance all pertinent data with respect to participants covered under the benefit program. BCS shall have the right to inspect the records of the insured or any administrator at reasonable intervals during normal business hours for any purpose relating to the coverage.

Thank you for the opportunity to prepare this stop loss proposal.

# Beacon Risk Strategies, LLC

180 Nickerson Street, Suite 304 Seattle, WA 98109 Telephone: (206) 298-0092 Facsimile: (206) 267-1274



Issuing Carrier **Companion Life Insurance Company**

21708

Underwriter **Denise Ward**

Proposal **07/23/2013** Valid Thru **09/30/2013**

Group **Madison County BOS (2013)**

Effective **10/01/2013** Expiration **09/30/2014**

**INDIVIDUAL EXCESS LOSS COVERAGE**

Medical                       Rx Same As Any Other     Prescription Drug Card  
 \_\_\_\_\_

		Option 1	Option 2	Option 3	Option 4
Contract Type		<b>24/12</b>			
Annual Specific Deductible per Individual	\$	<b>100,000</b>	\$	\$	\$
Aggregating Specific Deductible	\$	<b>90,000</b>	\$	\$	\$
Contract Period Maximum Reimbursement		<b>Unlimited</b>	\$	\$	\$
Maximum Lifetime Reimbursement		<b>Unlimited</b>	\$	\$	\$
Rate per Month	<u>Enrollment</u>				
Single	225 \$	<b>50.81</b>	\$	\$	\$
Family	152 \$	<b>133.89</b>	\$	\$	\$
Estimated Monthly Premium	\$	<b>31,784</b>	\$	\$	\$
Estimated Annual Premium	\$	<b>381,402</b>	\$	\$	\$
Rate(s) includes Commissions of		<b>15.00 %</b>	%	%	%

**QUOTE ASSUMPTIONS**

Outstanding contingencies must be received no more than 7 days after the effective date.

Our contract assumes that the Policyholder's Plan Document is in compliance with all federal legislation. A copy of the Plan applicable on the effective date must be received within 45 days of the effective date. No policy will be issued or claim paid until the Plan Document has been reviewed and approved by underwriting. Any deviation from the plan upon which the sold quotation was based may result in a change to benefits, rates, and/or factors.

Our quotation assumes that retirees are not covered unless covered on the Plan and otherwise specified as covered individuals in "Additional Contingencies".

Network Access Fees are not a covered expense under Specific or Aggregate Stop Loss contracts.

Stop Loss coverage is for non-occupational injuries and illnesses.

The application, disclosure and deposit premium must be received on or before the effective date.

Binding of coverage will require disclosure of any covered individual who is disabled or who has a serious or potentially catastrophic illness or injury and should include all employees, dependents, retirees and Cobra recipients. Disclosure should also include anyone known to be in the process of evaluation or already on a transplant waiting list. Coverage will commence on the proposed effective date after review and approval by Beacon Risk Strategies.

This proposal is valid for 60 days but in no event later than the proposed effective date. Rates reflected are only valid for the effective date shown. It is based on the data submitted to us in the prospect specifications. Any inaccuracy in the data will require revised calculations.

**ADDITIONAL CONTINGENCY(IES):**

## Assumptions:

1. Rates include 15% commissions.
2. Specific coverage includes Medical and Rx benefits.
3. Quote assumes no retirees are participating in the Medical plan and were not included in the census and claims provided.
4. Our quotation assumes that the number in each plan option will remain the same within 10% of current. If the enrollment changes by more than 10%, Beacon Risk Strategies reserves the right to re-rate this proposal.
5. These rates are based on the current plan of benefits and assume that it is in compliance with all pertinent federal legislation.
6. Quote assumes the continuation of BCBS MS as the TPA.
7. Quote assumes that BCBS MS networks will be utilized. Any change to the PPO network(s) or plan design will require re-rating of the Specific rates.
8. For aggregating specific options, the Aggregating Specific Deductible must be fully satisfied before reimbursement of any specific stop loss claims.
9. Enrollment increases or decreases of more than 10% require re-rating.
10. Quote assumes that pre-existing condition limitations apply for late entrants and new enrollees for stop loss coverage but can be satisfied with prior creditable coverage.
11. The increase in LTM for stop loss coverage will not apply to any individual who is not Actively-At-Work(or for dependents confined at home or elsewhere) until they have returned to full time AAW status or for dependents to their normal daily activities.
12. Any individuals who have reached their Lifetime Maximum under the Plan prior to (date of change) will not be considered for reimbursement under the Stop Loss policy unless underwritten and approved by Beacon Risk Strategies
13. Applicable state taxes are included in the premium charged.
14. Mississippi Risk Pool Assessment charges, if applicable, are not covered as part of this proposed coverage. Any assessments will be the responsibility of the group.
15. After review of completed disclosure form (see "quote assumptions"), Beacon Risk Strategies may decide additional medical information is required, and/or adjust rates or coverage term.

Contingencies:

Quotation is tentative subject to updated information through the eleventh month and final underwriting approval.

- a) Please provide the most recent LCM report including prognosis, anticipated treatment and estimated costs for [REDACTED], as well as any additional claimants who have entered case management. Upon our receipt and review, we may decide we need additional medical information and/or Laser some claimants.
- b) We will require updated diagnosis and prognosis for claimants already identified along with any other claim exceeding \$50,000 up to the proposed effective date. Please also provide details for any individual on a transplant waiting list. Upon our receipt and review, we may decide we need additional medical information and/or Laser some claimants.
- c) Updated census including retirees, Cobra recipients, and designation of individuals in an HMO or who are not covered.
- d) Run-in options are subject to our review of pending claims, known confinements that have not yet generated a bill, pre-certs of more than three days, and subrogated or denied claims that are being contested. Run-in claims may be limited pending receipt and review of this information.
- e) REQUIRED: High Risk Maternity Program, Catastrophic Claims Management Program and Transplant Centers of Excellence Program. These programs may be obtained through BCBS MS or Beacon Risk Strategies will assist you with their implementation. If you are interested in additional information regarding these programs, please contact us.

Initial the selected proposal option:	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Specific	_____	_____	_____	_____
Aggregate	_____	_____	_____	_____

The Premium and Aggregate Deductible are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Agent of Record or Administrator

This proposal expires if applications are not requested before the valid through date.