



TITUS COUNTY Effective: 01/01/2018

Stop Loss Terms			Current	Renewal	Option 1	Option 4	Option 5
Market			Zurich North America	Zurich North America	Zurich North America	QBE A & H	QBE A & H
Network			Choice Plus	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Commission			0.00%	0.00%	0.00%	0.00%	0.00%
Specific							
Deductible			50,000	50,000	60,000	50,000	60,000
Aggregating Specific			60,000	60,000	60,000	60,000	70,000
Maximum Coverage Limit			Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract			36/12	Paid	Paid	24/12	24/12
Coverages			Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate							
Annual Maximum			1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Deductible Corridor			125%	125%	125%	125%	125%
Contract			36/12	Paid	Paid	24/12	24/12
Coverages			Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Disclosure			90 days	90 days	90 days	30 - 120 days	30 - 120 days
Final Claim Data			through 10 months	through 10 months	through 10 months	30 - 120 days	30 - 120 days
Stop Loss Premium (Fixed)							
Specific	Single	94	\$156.54	\$197.72	\$177.08	\$170.80	\$143.64
	Family	44	\$376.71	\$543.11	\$491.67	\$482.97	\$410.92
Annual Specific Premium			\$375,480.00	\$509,790.24	\$459,348.00	\$447,670.56	\$378,991.68
Aggregate	Composite	138	\$7.10	\$8.90	\$10.59	\$8.05	\$9.55
Annual Aggregate Premium			\$11,757.60	\$14,738.40	\$17,537.04	\$13,330.80	\$15,814.80
Total Annual Premium			\$387,237.60	\$524,528.64	\$476,885.04	\$461,001.36	\$394,806.48
Stop Loss Premium % Change				35.45%	23.15%	19.05%	1.95%
Annual Fixed Cost			\$387,237.60	\$524,528.64	\$476,885.04	\$461,001.36	\$394,806.48
Aggregate Claim Liability							
Med, Rx	Single	94	\$590.70	\$716.07	\$743.61	\$705.25	\$730.22
	Family	44	\$1,516.58	\$1,911.85	\$1,985.40	\$1,986.58	\$2,056.91
Maximum Claim Liability			\$1,467,063.84	\$1,817,183.76	\$1,887,083.28	\$1,844,436.24	\$1,909,736.64
% Change				23.87%	28.63%	25.72%	30.17%
Expected Claim Liability			\$1,173,651.07	\$1,453,747.01	\$1,509,666.62	\$1,475,548.99	\$1,527,789.31
Expected Plan Cost			\$1,560,888.67	\$1,978,275.65	\$1,986,551.66	\$1,936,550.35	\$1,922,595.79
Summary							
Specific and Aggregate Premium			\$387,237.60	\$524,528.64	\$476,885.04	\$461,001.36	\$394,806.48
Additional Liability			\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00
Expected Claim Liability			\$1,173,651.07	\$1,453,747.01	\$1,509,666.62	\$1,475,548.99	\$1,527,789.31
Total Annual Expected Claim and Fixed Costs			\$1,620,888.67	\$2,038,275.65	\$2,046,551.66	\$1,996,550.35	\$1,982,595.79
Maximum Plan Cost			\$1,914,301.44	\$2,401,712.40	\$2,423,968.32	\$2,365,437.60	\$2,374,543.12
% Change				25.46%	26.62%	23.57%	24.04%
Qualifications							

Thank you!

Please find the enclosed proposals which you have requested. We would like to thank you for the opportunity to quote on your important prospects. We realize that this is a market filled with many choices making us proud you have considered QBE A&H as a prospective partner.

Best Regards,
Jonathan Nanson
Underwriter
QBE A&H

Specially prepared for
UMR

Group
Titus County

Effective date
01/01/2018

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Group: Titus County
 Proposal: 10/26/2017 Valid Thru: 01/10/2018
 Effective: 01/01/2018 Expiration: 12/31/2018
 Underwriter: Jonathan Nanson
 Email: Jonathan.Nanson@us.qbe.com

Issuing Carrier: QBE Insurance Corporation

Proposal #: 167262

INDIVIDUAL EXCESS LOSS COVERAGE

<input checked="" type="checkbox"/> Specific Advancement				
Coverages		<u>Option 1</u>	<u>Option 2</u>	
		Medical, Rx Card	Medical, Rx Card	
Contract Type		24/12	24/12	
Annual Specific Deductible per Individual	\$	50,000	\$ 60,000	
Aggregating Specific Deductible	\$	60,000	\$ 70,000	
Annual Maximum		Unlimited	Unlimited	
Lifetime Maximum		Unlimited	Unlimited	
		<input checked="" type="checkbox"/> No New Laser	<input checked="" type="checkbox"/> No New Laser	
Rate Per Month	<u>Enrollment</u>			
Single	94	\$ 170.80	\$ 143.64	
Family	42	\$ 482.97	\$ 410.92	
Composite	136	\$ 267.21	\$ 226.18	
Estimated Monthly Premium		\$ 36,340	\$ 30,761	
Estimated Annual Premium		\$ 436,079	\$ 369,130	
Rate(s) includes Commissions of		0.00%	0.00%	

AGGREGATE EXCESS LOSS COVERAGE

<input type="checkbox"/> Aggregate Advancement				
Coverages		<u>Option 1</u>	<u>Option 2</u>	
		Medical, Rx Card	Medical, Rx Card	
Contract Type		24/12	24/12	
Loss Limit per Individual	\$	50,000	\$ 60,000	
Maximum Annual Reimbursement	\$	1,000,000	\$ 1,000,000	
Rate Per Month	<u>Enrollment</u>			
Composite	136	\$ 8.05	\$ 9.55	
Combined Gross Monthly Rate		\$ 8.05	\$ 9.55	
Estimated Annual Premium		\$ 13,138	\$ 15,586	
Rate(s) includes Commissions of		0.00%	0.00%	
Annual Aggregate Deductible	\$	1,796,758	\$ 1,860,371	
Minimum Aggregate Deductible	\$	1,796,758	\$ 1,860,371	
Run In / Out Limited To	\$	323,416	\$ 334,867	
Monthly Aggregate Claim Factors	<u>Enrollment</u>			
<u>Medical, Rx Card</u>				
Single	94	\$ 705.25	\$ 730.22	
Family	42	\$ 1,986.58	\$ 2,056.91	

This is a TENTATIVE quote based upon the information furnished in the Request for Proposal. Material deviations from any of the original information that was submitted to us may result in a change to the quoted Rates and/or Factors or withdrawal of the proposal. QBE A&H will not be bound by any typographical errors or omissions contained herein.

Quoted terms and conditions are subject to possible revision based upon receipt and review of the requirements listed below:

STANDARD CONDITIONS

Disclosure shall include the following:

Updated shock loss information to include injuries, illnesses, diseases, diagnoses, or other losses of the type, which are reasonably likely to result in a significant medical expense claim or disability, regardless of current claim dollar amount. In addition, shock loss information should include any claimant that has incurred claim dollars in excess of 50% of the specific deductible and/or anyone who has exceeded a lifetime plan benefit of \$500,000, regardless of diagnosis. Information is also needed on any claims processed and unpaid, pending or denied for any reason. Known claimants currently under Case Management, regardless of claim dollar amount must be disclosed. Please refer to our Potentially Catastrophic Loss List (found on our website at www.qbeah.com), which provides examples of some, but not all, types of shock losses.

A completed and signed Plan Sponsor Disclosure Statement is required on new accounts.

Final paid claims and enrollment through the effective date.

A complete copy of the Policyholder's Plan Document including all current Plan Amendments to confirm that the document is reflective of the Schedule of Benefits submitted during the underwriting process and contains QBE A&H's MINIMUM Plan Document assumptions.

The selected TPA assigned to administer all claims. The TPA is subject to approval by QBE A&H.

A complete census clearly illustrating all Cobra and/or Retirees to be covered. If they are not indicated on the census, the proposal assumes there are none covered under the plan. If retirees are eligible, this must be clearly stated in the RFP submission.

Final Rates and Factors will be based upon the actual enrollment census as of the requested Effective Date. In the event there is a greater than 10% change in enrollment between the submitted initial enrollment date and the final enrollment data, rates and factors may be recalculated.

A minimum participation level of 75% of all eligible employees is required unless otherwise noted.

This quote includes a No New Laser at renewal offer.

ADDITIONAL CONDITIONS SPECIALLY PREPARED FOR: TITUS COUNTY

Proposal is based on current benefits. Any changes to these benefits could result in Re-Underwriting.

Our Rates & Factors are firm, final and locked-in with a commitment from the group by 11/7/17. After this time we reserve the right to re-review updated claims.

Quote includes the Rate Stabilization Option (No New Laser). This option guarantees no new lasers will be placed on any individual at the next renewal effective date. Rates and aggregating specific deductibles, if included, will not increase more than 50% assuming the specific deductible and contract type remain unchanged. Any laser placed as of the Effective Date may be continued on subsequent renewals.

Quote assumes that Relda Marshall is no longer covered under the plan

Quote assumes the use of the following PPO Network(s): UHC - Choice Plus.

Quote assumes the use of the following UR Vendors: UMR.

PROPOSAL ACCEPTANCE PROCEDURES

1. Identify the option sold in the space provided below. Date and sign the proposal.
2. Satisfy all the terms and conditions of this proposal as listed above.
3. Submit completed and signed disclosure & binder premium.

Initial next to the selected proposal option:	Option 1	Option 2
Specific		BX
Aggregate		BX

The Premium and Aggregate Deductible are based on the data submitted.

Date: 10-30-17

By: *Brian P. Lee* *Brian Lee*
County Judge
 Agent of Record or Administrator

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