Annual Aggregate Stop Loss Results

Plan Holder Name:	TITUS COUNTY		
Stoploss Plan Number:	417007411401		
Plan Number:	767000411401		
Contract Year:	1/1/2019 -12/31/2019		
Contract Type:	3612		
Minimum Attachment Point Percent:			100.00%
Aggregate Attachment Point:			$1,986,429.00
Monthly Aggregate Attachment:		Single	$740.05
		Family	$2,045.65
Coverages Included;			Medical & RX
Carrier:			QBE A&H-QBE Ins Corp

CLAIM PAYMENTS OUTSIDE THE LASERED CONTRACT TERMS ARE EXCLUDED
CLAIMS ACCUMULATED TOWARDS THE AGGREGATED SPECIFIC AMOUNT ARE EXCLUDED

UMR

Month	Single EE Count	Family EE Count	Actual Attachment Point Calc	Medical Claims	Pharmacy Claims	Other Eligible Claims	Total Monthly Claims	Total Exclusions	Specific Claims Requested	Monthly Eligible Stop Loss Claims	YTD Eligible Stop Loss Claims	Specific Claims Received
January	95	43	$158,267.70	$92,661.24	$16,131.31	$3,312.60	$112,105.15	$0.00	$0.00	$112,105.15	$112,105.15	$0.00
February	95	44	$160,313.35	$56,810.68	$17,164.39	$11,243.28	$85,218.35	$0.00	$0.00	$85,218.35	$197,323.50	$0.00
March	94	45	$161,618.95	$11,140.87	$16,549.48	$17.82	$27,708.17	$0.00	$0.00	$27,708.17	$225,031.67	$0.00
April	94	45	$161,618.95	$44,163.91	$14,189.94	($144.59)	$58,209.26	$0.00	$0.00	$58,209.26	$283,240.93	$0.00
May	96	43	$159,007.75	$47,457.35	$16,271.74	$77.16	$63,806.25	$0.00	$0.00	$63,806.25	$347,047.18	$0.00
June	99	43	$161,227.90	$101,845.88	$13,998.27	($19.19)	$115,824.96	$0.00	$0.00	$115,824.96	$462,872.14	$0.00
July	98	43	$160,487.85	$36,693.22	$14,480.09	$22.38	$51,195.69	$0.00	$0.00	$51,195.69	$514,067.83	$0.00
August	96	42	$156,962.10	$38,854.11	$15,478.56	$0.00	$54,332.67	$0.00	$0.00	$54,332.67	$568,400.50	$0.00
Run In								$0.00		$0.00		
Laser								$ -		$0.00		
Totals	767	348	$1,279,504.55	$429,627.26	$124,263.78	$14,509.46	$568,400.50	$0.00	$0.00	$568,400.50	$568,400.50	$0.00

% 1.25% expected costs = $1,023,604

FINAL ELIGIBLE AGGREGATE STOP LOSS CLAIMS: **$568,400.50**

Attachment Point is the Maximum of the following annual numbers:

(1) Min attachment point amount: (100% of Min Agg Attachment point) x # months	$1,324,286.00
(2) Actual attachment point (each mo x factors):	$1,279,504.55
FINAL ATTACHMENT POINT	**$1,324,286.00**
Percentage of Attachment Point	**42.92%**
Amount in excess of Attachment Point	**$0.00**
Payouts made for Cash Flow/Monthly Accumulated Cap	**$0.00** (if applicable)
ESTIMATED PAYOUT/RECOVERY DUE	**$0.00**

as of Aug 455,203.50
Expected claims for 2019 = 852,600.75
Titus County plan at performed expected claims by $171,003.25

(subject to Final Audit by Stop Loss Carrier)

The exclusive purpose for this report is updating Stop Loss Carriers or other parties of interest on year to date Aggregate Stop Loss Contract results.
We are unable to customize the report, and advise against using it for budgeting or other financial controls support.

Current recovery Due cannot exceed YTD Payments Made.

This is an unaudited report and subject to Audit at the end of the plan year.

Annual Aggregate Stop Loss Results

Plan Holder Name:	TITUS COUNTY		
Stoploss Plan Number:	417007411401		
Plan Number:	767000411401		
Contract Year:	1/1/2018 -12/31/2018		
Contract Type:	2412		
Minimum Attachment Point Percent:			100.00%
Aggregate Attachment Point:			$1,860,371.00
Monthly Aggregate Attachment:		Single	$730.22
		Family	$2,056.91
Coverages Included;			Medical & RX
Carrier:			QBE A&H-QBE Ins Corp

CLAIM PAYMENTS OUTSIDE THE LASERED CONTRACT TERMS ARE EXCLUDED
CLAIMS ACCUMULATED TOWARDS THE AGGREGATED SPECIFIC AMOUNT ARE EXCLUDED

UMR

Month	Single EE Count	Family EE Count	Actual Attachment Point Calc	Medical Claims	Pharmacy Claims	Other Eligible Claims	Total Monthly Claims	Total Exclusions	Specific Claims Requested	Monthly Eligible Stop Loss Claims	YTD Eligible Stop Loss Claims	Specific Claims Received
January	92	47	$163,855.01	$109,311.94	$36,270.90	$1,608.93	$147,191.77	$0.00	$0.00	$147,191.77	$147,191.77	$0.00
February	91	46	$161,067.88	($19,935.76)	$24,498.47	($2,779.00)	$1,783.71	$0.00	$0.00	$1,783.71	$148,975.48	$0.00
March	92	47	$163,855.01	$125,414.87	$28,010.40	$22,654.79	$176,080.06	$0.00	$0.00	$176,080.06	$325,055.54	$0.00
April	89	47	$161,664.35	$39,248.43	$23,503.00	$515.02	$63,266.45	$0.00	$0.00	$63,266.45	$388,321.99	$0.00
May	89	47	$161,664.35	$166,375.08	$20,055.47	$798.99	$187,229.54	$0.00	$0.00	$187,229.54	$575,551.53	$0.00
June	91	46	$161,067.88	$53,948.29	$19,857.01	$173.29	$73,978.59	$0.00	$0.00	$73,978.59	$649,530.12	$0.00
July	94	47	$165,315.45	$34,272.40	$19,538.67	$2,023.79	$55,834.86	$0.00	$0.00	$55,834.86	$705,364.98	$0.00
August	92	47	$163,855.01	$50,664.94	$23,536.38	$812.82	$75,014.14	$0.00	$0.00	$75,014.14	$780,379.12	$0.00
September	89	48	$163,721.26	$26,974.58	$23,283.20	$657.30	$50,915.08	$0.00	$0.00	$50,915.08	$831,294.20	$0.00
October	90	46	$160,337.66	$57,274.56	$13,788.54	$1,083.42	$72,146.52	$0.00	$71,748.63	$397.89	$831,692.09	$0.00
November	91	45	$159,010.97	$88,856.51	$15,931.77	$426.59	$105,214.87	$0.00	$10,675.17	$94,539.70	$926,231.79	$2,232.51
December	93	45	$160,471.41	$67,400.28	$15,371.33	$98.85	$82,870.46	$0.00	$29,511.46	$53,359.00	$979,590.79	$6,553.26
Run In								$0.00		$0.00		
Laser								$ -		$0.00		
Totals	1,093	558	$1,945,886.24	$799,806.12	$263,645.14	$28,074.79	$1,091,526.05	$0.00	$111,935.26	$979,590.79	$979,590.79	$8,785.77

FINAL ELIGIBLE AGGREGATE STOP LOSS CLAIMS: **$979,590.79**

Attachment Point is the Maximum of the following annual numbers:

(1) Min attachment point amount: (100% of Min Agg Attachment point) x # months	$1,860,371.00
(2) Actual attachment point (each mo x factors):	$1,945,886.24
FINAL ATTACHMENT POINT	**$1,945,886.24**
Percentage of Attachment Point	**50.34%**
Amount in excess of Attachment Point	**$0.00**
Payouts made for Cash Flow/Monthly Accumulated Cap	$0.00 (if applicable)
ESTIMATED PAYOUT/RECOVERY DUE	**$0.00**

(subject to Final Audit by Stop Loss Carrier)

The exclusive purpose for this report is updating Stop Loss Carriers or other parties of interest on year to date Aggregate Stop Loss Contract results.
We are unable to customize the report, and advise against using it for budgeting or other financial controls support.
Current recovery Due cannot exceed YTD Payments Made.

1.25% expected costs = 1,556,708.99

Expected claims = $1,556,708.99
Actual claims = $979,590.79
Outperformed by $577,118.20

UnitedHealthcare

September 2019

A renewal presentation for Titus County

Presented to Higginbotham & Associates
by Chris Caplinger

UMR

A UnitedHealthcare Company

Renewal Services

Customer Name : Titus County
Plan Renewal Date : 1/1/2020

All fees shown as per employee per month (PEPM) unless otherwise noted

Proposed renewal fees assume all existing products and services written with UMR will be retained throughout the renewal period. New products and services may be added however proposed fees are subject to change and/or and/or additional fees may apply if any existing products or services are discontinued.

Administration and access fees	Subscribers	Current Fees	Renewal Fees 1/1/2020	Renewal Fees 1/1/2021	Renewal Fees 1/1/2022
Medical claims	145	$38.01	$38.01	$38.75	$39.52
Medical client advisor commission		Net	Net	Net	Net
Premium PDL pharmacy credit	145	($31.75)	($31.75)	($31.75)	($31.75)
Required stop loss interface fee	145	Included	Included	Included	Included
UnitedHealthcare Choice Plus ® network - access fee	145	Included	Included	Included	Included
COBRA administration	145	$1.12	$1.12	$1.16	$1.20
Utilization Management (UM)	145	$1.84	$1.84	$1.90	$1.97
Case management (CM)	145	$1.99	$1.99	$2.06	$2.13
NurseLine (NL)	145	$0.53	$0.53	$0.55	$0.57
Dental claims	149	$3.83	$3.83	$3.96	$4.10
Medical and pharmacy integration - per participating employee per month	145	$1.00	$1.00	$1.04	$1.07
Telemedicine (Teladoc)	145	$1.25	$1.25	$1.25	$1.25
Medical Insured Carve Out Coordination Fee	145	$0.38	$0.38	$0.39	$0.41
Cost reduction and savings program - large bill review/fee negotiation and secondary/travel network - % of savings	145	30% of savings with a cap of $50,000 per claim. Max per claim fee is $15,000.	30% of savings with a cap of $50,000 per claim. Max per claim fee is $15,000.	30% of savings with a cap of $50,000 per claim. Max per claim fee is $15,000.	30% of savings with a cap of $50,000 per claim. Max per claim fee is $15,000.

Wellness Credit - $5,000 Annually

The Non-Incentivized and Incentivized pharmacy arrangements have been replaced with our new Select pharmacy arrangement. Please refer to the Select PDL pharmacy pricing tab for further details.

Non-preferred vendor surcharge: An additional stop loss interface fee surcharge of $5.00 PEPM applies if stop loss coverage is not placed with a UMR preferred vendor. This fee is in addition to the "Required stop loss interface fee" which applies for all groups. Consult your UMR representative for a list of preferred vendors.

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out-of-pocket, coinsurance and plan limitations. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies.

External PBM Vendors are subject to prior approval and may require additional fees. For groups with less than 100 subscribers, OptumRx is required.

Additional Services

Customer Name : Titus County
Plan Effective Date : 1/1/2020

All renewal fees are good for one year and are shown as per employee per month (PEPM) unless otherwise noted

Plan Administration	Current Fees	Renewal Fees 1/2/2020
Subrogation - percent of recoveries	30%	30%
Claim reprocessing - per claim	$25.00	$25.00
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
Full/Partial Summary of Benefits and Coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment, electronic version only provided to employer)	Included with medical administration	Included with medical administration
Two or more SBC requests per year	$500.00 per SBC per benefit plan	$500.00 per SBC per benefit plan
Inclusion of outside vendor data in SBC in UMR standard format, e.g. carved out benefits (approval required)	$1,000 per SBC per benefit plan	$1,000 per SBC per benefit plan
Print and ship SBCs to employer at open enrollment (approval required)	Cost plus postage	Cost plus postage
Translation of SBC into non-English text	Cost of translation	Cost of translation
Actuarial Services (Certified Reserving & Custom Pricing)	Pricing available upon request	Pricing available upon request
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Federal external review for appeals - for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage.	Up to 5 included, then $500.00 per review	Up to 5 included, then $500.00 per review
COBRA		
COBRA initial (DOL) letters for new employees	Included with COBRA administration	Included with COBRA administration
COBRA additional lines of administration - $0.05 per line	Included with COBRA administration	Included with COBRA administration
Reporting		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	$100.00	$100.00
Care Management		
Web-based clinical health risk assessment (CHRA) with mailed results packet to member	Additional charge: $6.50 per CHRA	Additional charge: $6.50 per CHRA
On-site basic lipid glucose panel - finger stick (requires minimum of 30 screens per event)	Additional charge: $55.00/screening	Additional charge: $55.00/screening
PDHI Physician Lab Forms: available with or without biometrics	Additional charge: $8.80/ form	Additional charge: $8.80/ form

Premium PDL

Customer Name : Titus County

Plan Effective Date : 1/1/2020

UMR through its Pharmacy Benefit Manager affiliate OptumRx will provide Pharmacy Benefits Services. Fees assume the pharmacy benefits program is not a discount-card program.

Rates are contingent upon adoption of OptumRx's Broad Network

	Published AWP
Electronic claim adjudication - per claim [1]	$0.00
Retail	
Brand discount, plus dispensing fee	18.00% + $1.00
Net effective generic discount, plus dispensing fee	74.25% + $1.00
Home Delivery	
Brand discount, plus dispensing fee	22.50% + $0.00
Net effective generic discount, plus dispensing fee	78.25% + $0.00
Retail 90 Rx (Optional)	
Brand discount, plus dispensing fee	20.50% + $0.50
Net effective generic discount, plus dispensing fee	74.25% + $0.50
Rebate Fee Credit Options:	
Premium PDL Rebate Fee Credit	($31.75)
Rebate Share - Rebate Fee Credit Elected	
Premium PDL Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$22.00
Premium PDL Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$51.00
Premium PDL Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$67.00
Premium PDL Rebate Share (Specialty) - Per Net Paid Brand Claim	$127.00
Rebate Share - Rebate Fee Credit Waived	
Premium PDL Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$135.00
Premium PDL Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$361.00
Premium PDL Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$480.00
Premium PDL Rebate Share (Specialty) - Per Net Paid Brand Claim	$800.00
Additional Programs	
Prior authorizations - per clinical prior authorization	Included
Specialty drugs are priced on an individual drug basis. Estimated average aggregate specialty discount is approximately:	17.00%

Compound Drug Claim Pricing: AWP less Standard Contracted Discount + $7.50 Dispensing fee.

Rebate Fee Credit

In addition to the rebates outlined within the Rebate Fee Credit Elected section, Titus County will receive a rebate fee credit that is funded by UMR. Under this option, UMR is paid a service fee that is used to lower the medical administration fee. This option allows Titus County to enjoy a more immediate cash flow benefit of their rebates.

[1] *An additional $1.75 per claim applies to the electronic per claim fee for paper claims.*

Premium PDL

Pharmacy Conditions

Fees proposed assume the use of OptumRx™ as the pharmacy benefits manager.

Under the Traditional Pricing Model, Titus County shall pay the effective retail pharmacy rates as set forth above. These rates may differ from the amounts paid to the retail pharmacies and OptumRx may retain the difference.

The Member will pay the lower of (i) Member Cost-Sharing Amount, (ii) Client contracted rate, plus dispensing fee; or (iii) the pharmacy's Usual and Customary charge for the product.

Discounts are based on Published AWP.

Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.

Discount and dispensing fee guarantees are reconciled at the aggregate level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Any excess discount or reimbursement delivered under any discount or reimbursement channel or component may be credited to any other discount or reimbursement contracted for under this Agreement.

The effective overall Generic Drug discount rate includes MAC, non-MAC and U&C Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.

Compound Prescription Drug Claims, Specialty Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, limited distribution products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the OptumRx Pharmacy Network will be excluded from the guarantees. Additionally, Claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, and Georgia will be excluded from the guarantees.

UMR reserves the right to modify or amend the financial provisions of this Agreement in the event of an external event or industry change impacting UMR's performance under the Agreement, including but not limited to: (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that makes UMR's performance of its duties hereunder materially more burdensome or expensive, including changes to the AWP benchmark or methodology; or (b) the unexpected movement of a branded product to off-patent or if Generic Drugs, authorized Generic Drugs, low priced Brand Drugs or over-the-counter substitutes become available; or (c) if there is a change impacting the availability or amount of Rebates offered by Drug Manufacturers, including changes related to the elimination or material modification of a Drug Manufacturer's historic models or practices related to the provision of Rebates. For modifications or amendments made pursuant to (a), (b), or (c) above, UMR agrees to modify the pricing in an equitable manner to preserve the financial interests of both parties and provide documentation that the revised pricing terms are equitable.

UMR reserves the right to modify or amend the financial provisions of this Agreement if any of the following occur: (a) a change in the scope of services to be performed under this Agreement upon which the financial provisions included in this Agreement are based, including a change in the Plan Specifications or the exclusion of a service line (i.e. retail & Home Delivery) from Titus County's service selection; (b) a reduction of greater than 20% in the total number of Members from the number provided to UMR during pricing negotiations upon which the financial provisions included in this Agreement are based; (c) implementation or addition of a one hundred percent (100%) Member paid Claims Plan Specifications; (d) any substantive change in Titus County's formulary, exclusions, utilization management programs, or administrative edits, which may impact Rebates from Drug Manufacturers; or (e) UMR is no longer the exclusive Specialty Pharmacy provider. For modifications or amendments made pursuant to (a), (b), (c), (d), or (e), above, Titus County agrees to provide UMR at least ninety (90) days' notice prior to making any changes. In the event the pricing needs to be modified, within forty-five (45) days of Titus County's notice, UMR shall provide Titus County with any modified pricing to ensure Titus County is aware of pricing modifications prior to implementation.

OptumRx Specialty Pharmacies shall be the exclusive specialty providers under this Agreement.

Medicare Part D Wrap plans are required to use Pass-Through pricing.

Groups with in-house pharmacies utilizing 340B or GPO pricing are required to use Pass-Through pricing.

The retail and home delivery generic discounts exclude any generic drug that has two or fewer generic manufacturers; the retail and home delivery brand discounts include any generic drug that has two or fewer generic manufacturers.

Usual & Customary claims are included within discount guarantees.

Zero balance claims are included within discount guarantees prior to the application of member copayment.

Retail 90 pricing is for retail claims with greater than 83 days' supply.

Home Delivery pricing guarantees require an average days' supply of at least 83 days in the aggregate.

Drugs in the following Specialty therapeutic categories are included in the non-specialty guarantees: HIV

UMR will have no obligation under any financial guarantees under the contract for the contract year (i.e., each 12-month period following the effective date) in which Titus County terminates, if the portion of the contract year before the effective date of Titus County's termination is less than 12 full months.

Deductible integration of prescription drug and medical claims requires daily connectivity between the pharmacy benefits manager and the plan administrator, additional coordination fees apply. External vendors are subject to prior approval.

Rebate Management Terms

Premium PDL

Rebates will be remitted quarterly, no later than 180 days after the end of the incurred quarter.

All rebate guarantees are subject to the following terms:

"Rebate" means any discount, rebate, price protection amount or Manufacturer Administrative Fee that OptumRx receives from Drug Manufacturers, in OptumRx's capacity as a group purchase organization for Titus County, that is contingent upon and related directly to Member use of a Prescription Drug during the Term. "Rebate" does not include any discount, price concession or other direct or indirect compensation OptumRx receives for the purchase of a Prescription Drug or for the provision of any product or service.

Premium PDL

Premium Formulary rebates are contingent upon: Titus County's adoption, without deviation, of OptumRx's formulary and formulary exclusions, as well as any changes OptumRx makes to its formulary and formulary exclusions; and the implementation of the step therapies required by OptumRx, as well as any changes OptumRx makes to its formulary or utilization management programs.

Rebates and the Guaranteed Rebate Amount excludes ineligible Claims, such as Claims with invalid service provider identification or Prescription Drug numbers; Claims with an invalid submit date; Claims with zero days supplied; Claims with zero quantity; Claims where the plan is not the primary payer; Claims for plans where, after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the Claim when evaluated in aggregate at the therapeutic class level; Generic Drug Claims; products not covered by Titus County's benefit design or formulary; fraudulent Claims; multi-source Brand Drugs; House Generic Drug Claims; direct member submitted Claims; Claims for devices without a Prescription Drug component or claims that are not for Prescription Drugs (except for insulins or diabetic test strips); Claims for re-packaged NDCs; stale dated Claims over 180 days old; Compound Prescription Drug Claims; Claims from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act; or Claims from entities eligible for federal supply schedule prices (for example, Department of Veterans Affairs, U.S. Public Health Service, Department of Defense, Indian Health Services); long term care facility Claims; Medicaid Managed Care Claims in states where the state law prohibits OptumRx from collecting supplemental Rebates; or for utilization pursuant to a consumer card or discount card program where the plan had no cost liability on the Claim or Claims that are otherwise not eligible for Rebates under the Rebate Agreement with the applicable Drug Manufacturer.

UMR may adjust Rebates and the Guaranteed Rebate Amount (effective as of the date of the change and in proportion to the impact) if any of the following occur: (a) if Titus County makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its Formulary or utilization management programs, (b) due to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs, or (c) if future Formulary changes reduce Rebates. The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter following the Effective Date of this Agreement.

Select PDL

Customer Name : Titus County

Plan Effective Date : 1/1/2020

UMR through its Pharmacy Benefit Manager affiliate OptumRx will provide Pharmacy Benefits Services. Fees assume the pharmacy benefits program is not a discount-card program.

Rates are contingent upon adoption of OptumRx's Broad Network

	Published AWP
Electronic claim adjudication - per claim [1]	$0.00
Retail	
Brand discount, plus dispensing fee	18.00% + $1.00
Net effective generic discount, plus dispensing fee	74.25% + $1.00
Home Delivery	
Brand discount, plus dispensing fee	22.50% + $0.00
Net effective generic discount, plus dispensing fee	78.25% + $0.00
Retail 90 Rx (Optional)	
Brand discount, plus dispensing fee	20.50% + $0.50
Net effective generic discount, plus dispensing fee	74.25% + $0.50
Rebate Fee Credit Options:	
Select Rebate Fee Credit	($22.00)
Select Comprehensive Rebate Fee Credit	($27.00)
Rebate Share - Rebate Fee Credit Elected	
Select Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$13.50
Select Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$28.00
Select Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$30.00
Select Rebate Share (Specialty) - Per Net Paid Brand Claim	$76.00
Select Comprehensive Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$17.00
Select Comprehensive Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$43.00
Select Comprehensive Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$57.00
Select Comprehensive Rebate Share (Specialty) - Per Net Paid Brand Claim	$119.00
Rebate Share - Rebate Fee Credit Waived	
Select Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$88.00
Select Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$207.00
Select Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$294.00
Select Rebate Share (Specialty) - Per Net Paid Brand Claim	$610.00
Select Comprehensive Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	$115.00
Select Comprehensive Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	$285.00
Select Comprehensive Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	$408.50
Select Comprehensive Rebate Share (Specialty) - Per Net Paid Brand Claim	$725.00
Additional Programs	
Prior authorizations - per clinical prior authorization	Included
Specialty drugs are priced on an individual drug basis. Estimated average aggregate specialty discount is approximately:	17.00%

Compound Drug Claim Pricing: AWP less Standard Contracted Discount + $7.50 Dispensing fee.

Rebate Fee Credit

In addition to the rebates outlined within the Rebate Fee Credit Elected section, Titus County will receive a rebate fee credit that is funded by UMR. Under this option, UMR is paid a service fee that is used to lower the medical administration fee. This option allows Titus County to enjoy a more immediate cash flow benefit of their rebates.

[1] *An additional $1.75 per claim applies to the electronic per claim fee for paper claims.*

UMR

Select PDL

Pharmacy Conditions

Fees proposed assume the use of OptumRx™ as the pharmacy benefits manager.

Under the Traditional Pricing Model, Titus County shall pay the effective retail pharmacy rates as set forth above. These rates may differ from the amounts paid to the retail pharmacies and OptumRx may retain the difference.

The Member will pay the lower of (i) Member Cost-Sharing Amount, (ii) Client contracted rate, plus dispensing fee; or (iii) the pharmacy's Usual and Customary charge for the product.

Discounts are based on Published AWP.

Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.

Discount and dispensing fee guarantees are reconciled at the aggregate level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Any excess discount or reimbursement delivered under any discount or reimbursement channel or component may be credited to any other discount or reimbursement contracted for under this Agreement.

The effective overall Generic Drug discount rate includes MAC, non-MAC and U&C Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.

Compound Prescription Drug Claims, Specialty Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, limited distribution products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the OptumRx Pharmacy Network will be excluded from the guarantees. Additionally, Claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, and Georgia will be excluded from the guarantees.

UMR reserves the right to modify or amend the financial provisions of this Agreement in the event of an external event or industry change impacting UMR's performance under the Agreement, including but not limited to: (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that makes UMR's performance of its duties hereunder materially more burdensome or expensive, including changes to the AWP benchmark or methodology; or (b) the unexpected movement of a branded product to off-patent or if Generic Drugs, authorized Generic Drugs, low priced Brand Drugs or over-the-counter substitutes become available; or (c) if there is a change impacting the availability or amount of Rebates offered by Drug Manufacturers, including changes related to the elimination or material modification of a Drug Manufacturer's historic models or practices related to the provision of Rebates. For modifications or amendments made pursuant to (a), (b), or (c) above, UMR agrees to modify the pricing in an equitable manner to preserve the financial interests of both parties and provide documentation that the revised pricing terms are equitable.

UMR reserves the right to modify or amend the financial provisions of this Agreement if any of the following occur: (a) a change in the scope of services to be performed under this Agreement upon which the financial provisions included in this Agreement are based, including a change in the Plan Specifications or the exclusion of a service line (i.e. retail & Home Delivery) from Titus County's service selection; (b) a reduction of greater than 20% in the total number of Members from the number provided to UMR during pricing negotiations upon which the financial provisions included in this Agreement are based; (c) implementation or addition of a one hundred percent (100%) Member paid Claims Plan Specifications; (d) any substantive change in Titus County's formulary, exclusions, utilization management programs, or administrative edits, which may impact Rebates from Drug Manufacturers; or (e) UMR is no longer the exclusive Specialty Pharmacy provider. For modifications or amendments made pursuant to (a), (b), (c), (d), or (e), above, Titus County agrees to provide UMR at least ninety (90) days' notice prior to making any changes. In the event the pricing needs to be modified, within forty-five (45) days of Titus County's notice, UMR shall provide Titus County with any modified pricing to ensure Titus County is aware of pricing modifications prior to implementation.

OptumRx Specialty Pharmacies shall be the exclusive specialty providers under this Agreement.

Medicare Part D Wrap plans are required to use Pass-Through pricing.

Groups with in-house pharmacies utilizing 340B or GPO pricing are required to use Pass-Through pricing.

The retail and home delivery generic discounts exclude any generic drug that has two or fewer generic manufacturers; the retail and home delivery brand discounts include any generic drug that has two or fewer generic manufacturers.

Usual & Customary claims are included within discount guarantees.

Zero balance claims are included within discount guarantees prior to the application of member copayment.

Retail 90 pricing is for retail claims with greater than 83 days' supply.

Home Delivery pricing guarantees require an average days' supply of at least 83 days in the aggregate.

Drugs in the following Specialty therapeutic categories are included in the non-specialty guarantees: HIV

UMR will have no obligation under any financial guarantees under the contract for the contract year (i.e., each 12-month period following the effective date) in which Titus County terminates, if the portion of the contract year before the effective date of Titus County's termination is less than 12 full months.

Deductible integration of prescription drug and medical claims requires daily connectivity between the pharmacy benefits manager and the plan administrator, additional coordination fees apply. External vendors are subject to prior approval.

Rebate Management Terms

Select PDL

Rebates will be remitted quarterly, no later than 180 days after the end of the incurred quarter.

All rebate guarantees are subject to the following terms:

"Rebate" means any discount, rebate, price protection amount or Manufacturer Administrative Fee that OptumRx receives from Drug Manufacturers, in OptumRx's capacity as a group purchase organization for Titus County, that is contingent upon and related directly to Member use of a Prescription Drug during the Term. "Rebate" does not include any discount, price concession or other direct or indirect compensation OptumRx receives for the purchase of a Prescription Drug or for the provision of any product or service.

Select

Titus County's adoption, without deviation, of OptumRx's formulary, as well as any changes OptumRx makes to its formulary.

Select Comprehensive

Select Comprehensive rebates are contingent upon: Titus County's adoption, without deviation, of OptumRx's formulary and the following utilization management programs (Prior Authorization, Step Therapy and Quantity Limits) as well as any changes OptumRx makes to its formulary or utilization management programs.

Rebates and the Guaranteed Rebate Amount excludes ineligible Claims, such as Claims with invalid service provider identification or Prescription Drug numbers; Claims with an invalid submit date; Claims with zero days supplied; Claims with zero quantity; Claims where the plan is not the primary payer; Claims for plans where, after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the Claim when evaluated in aggregate at the therapeutic class level; Generic Drug Claims; products not covered by Titus County's benefit design or formulary; fraudulent Claims; multi-source Brand Drugs; House Generic Drug Claims; direct member submitted Claims; Claims for devices without a Prescription Drug component or claims that are not for Prescription Drugs (except for insulins or diabetic test strips); Claims for re-packaged NDCs; stale dated Claims over 180 days old; Compound Prescription Drug Claims; Claims from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act; or Claims from entities eligible for federal supply schedule prices (for example, Department of Veterans Affairs, U.S. Public Health Service, Department of Defense, Indian Health Services); long term care facility Claims; Medicaid Managed Care Claims in states where the state law prohibits OptumRx from collecting supplemental Rebates; or for utilization pursuant to a consumer card or discount card program where the plan had no cost liability on the Claim or Claims that are otherwise not eligible for Rebates under the Rebate Agreement with the applicable Drug Manufacturer.

UMR may adjust Rebates and the Guaranteed Rebate Amount (effective as of the date of the change and in proportion to the impact) if any of the following occur: (a) if Titus County makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its Formulary or utilization management programs, (b) due to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs, or (c) if future Formulary changes reduce Rebates. The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter following the Effective Date of this Agreement.

Conditions

Customer Name : Titus County
Plan Effective Date : 1/1/2020

This renewal proposal is valid until 30 days before the effective date and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

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.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and associated fees. Please review any changes with your advisor.

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare Networks.

Conditions

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, or if the number of covered employees changes by 15% or more from this proposal.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

The UMR renewal proposal requires the Cost Reduction and Savings Program. Additional fees will apply, should this program be carved out.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Health reimbursement account assumes 20% participation rate.

If multiple accounts can be administered on a single debit card, only one debit card fee is applicable.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

Wellness Credit

Customer Name : Titus County
Plan Effective Date : 1/1/2020

UMR has provided an annual $5,000 wellness credit, to be used during the contract period from 1/1/2020 to 12/31/2022 for implementing wellness initiatives. This credit can be used toward UMR Health & Wellness programs and related resources used to improve the health and well-being of your plan members.

Conditions:

- Requires a three year agreement. Early termination is subject to the early termination penalty outlined below.
- Any unused credit dollars at the end of the specified term are forfeited by the group.
- Reimbursement or payment will not be made directly to any person or vendor.
- Approved wellness credit expenses are credited to the ASO fees on the monthly bill.
- Assumes an enrolled subscriber count within 15% of the quoted subscriber count of 145.

Early termination penalty*:

Termination prior to 1/2/2021 = 100% of Wellness Credit
Termination prior to 1/2/2022 = 50% of Wellness Credit
Termination prior to 1/2/2023 = 25% of Wellness Credit
* - penalty amount will not exceed actual amount credited as of the cancellation date.

Wellness Program Guidelines

UMR recommends the following building blocks for establishing a successful wellness program that is specific to your organization's unique needs and overall goals:

Visible senior-level support for wellness programming
Programming tied directly to improving health or wellness within your member population
Wellness initiatives supported by a communication program
Environment supportive of healthy behaviors
Collaboration with the strategic account executive (SAE) to incorporate initiative into a three-year strategic plan to maximize the effectiveness of the program

Wellness Credit

Eligible Services Covered by the Wellness Credit

Eligible expenses covered by the wellness credit include:

1. UMR Health & Wellness services to include:
    a. Clinical health risk assessments (CHRAs)
    b. Biometric screenings – cholesterol, blood pressure, glucose, etc
    c. Health coaching
2. Incentives provided to encourage participation in wellness programs
    a. Reward cards (suggested amounts as follows)
        i. $50 for CHRA and biometric completion
        ii. $100 for coaching completion
    b. Company-wide drawing
    c. Fitness equipment at your desk such as:
        i. Peddlers
        ii. Stretch bands
        iii. Balance ball chairs
        iv. Walking workstations
3. Fitness packages such as:
    a. Pedometers
    b. Exercise logs
    c. Weight loss, nutrition or exercise guidelines
4. Fitness center equipment
5. Wellness resource library – DVDs and CDs
6. Wellness program communication plan
7. Environmental audit
8. Fitness testing program
9. Onsite health and wellness or behavioral change classes such as:
    a. Weight Watchers
    b. Stress management
10. Fund company-wide fitness or wellness competitions such as:
    a. Biggest Loser
    b. "Get Fit"
11. Flu shots

UMR account management will consult with the customer to develop a plan to use wellness credits. Expenses not listed above are subject to prior approval by UMR.

Proposed Optional Services

Customer Name : Titus County
Plan Effective Date : 1/1/2020
Subscribers : 145

UMR is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between Titus County and UMR, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by UMR with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

Claim Services

Services	Included in Medical Fee	Comments/Fees
Application of the Advanced Claim Review program / UMR or its affiliate's board certified, same-specialty physicians will review claims and records of high-cost procedures. Reviews may also be conducted using detection analytics. Claims for which billing and/or coding errors are identified will be adjusted to reflect the appropriate payment amount.	No	Titus County participants will automatically participate in the Advanced Claim Review program. Titus County, will be billed 30% of the savings monthly.
Application of UMR's OON programs provides additional savings on select facility and physician claims not eligible for standard network discounts (i.e., non-participating providers). Facility and physician savings programs apply to all medical products offering an out-of-network component on select out-of-network claims of network based plans. Our shared savings programs are designed to meet the needs of our customers and may include, but is not limited to, facility and physician fee schedules, facility and physician fee negotiation, physician and facility U&C and MNRP. Our lead strategy is our CRS Benchmark Program. Other strategies include NPC² and the CRS Program.	No	Participants will automatically participate in one of our Shared Savings Programs. 22% of savings and $50,000 per claim savings cap will be billed for CRS Benchmark Program $4.00 PEPM and 22% of savings w/ a $50,000 per claim savings cap will be billed for NPC² 30% of savings with a $50,000 per claim savings cap will be billed for CRS Program

Care Management Services - per employee per month (PEPM)

Disease Management (DM): · Identification and stratification · Member recruitment · Management of asthma, chronic obstructive pulmonary disease, heart failure, coronary artery disease, depression, diabetes and hypertension · One-on-one telephonic sessions with a health coach · Educational materials · Quarterly electronic newsletters and tri-annual paper newsletters for those identified with a chronic condition · Online Internet resources · Standard reports · HealtheNotes · Predictive modeling	No	Additional charge: $3.85 PEPM

Proposed Optional Services

Disease Management (DM)-Diabetes: · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling	No	Additional charge: $1.30 PEPM
Disease Management (DM)-Coronary Artery Disease: · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling	No	Additional charge: $0.40 PEPM
Disease Management (DM)-Asthma: · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling	No	Additional charge: $0.20 PEPM
Disease Management (DM)-Chronic Obstructive Pulmonary Disease: · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling	No	Additional charge: $0.20 PEPM
Disease Management (DM)-Heart Failure · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling	No	Additional charge: $0.20 PEPM

QBE Stop Loss

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
Senior Underwriter
QBE A&H

Specially prepared for
UMR

Group
Titus County

Effective Date
01/01/2020

Made possible by QBE. A&H

QBE A&H

Issuing Carrier: **QBE Insurance Corporation**

Group:	**Titus County**		
Proposal:	**09/20/2019**	Valid Through:	**01/11/2020**
Effective:	**01/01/2020**	Expiration:	**12/31/2020**
Underwriter:	**Jonathan Nanson**		
Email:	**Jonathan.Nanson@us.qbe.com**		
		Proposal No:	**213230**

INDIVIDUAL EXCESS LOSS COVERAGE

Specific Advancement			**Option 1**
Covered Benefits			**Medical, Rx Card**
Contract Type			**PAID**
Annual Specific Deductible per Individual		$	**60,000**
Aggregating Specific Deductible		$	**70,000**
Annual Maximum			**Unlimited**
Lifetime Maximum			**Unlimited**
No New Laser			**Included**
Rate Per Month	Enrollment		
Single	99	$	**157.15**
Family	43	$	**453.94**
Composite	142	$	**247.03**
Estimated Monthly Premium		$	**35,077**
Estimated Annual Premium		$	**420,929**
Rate(s) includes Commissions of			**0.00%**

AGGREGATE EXCESS LOSS COVERAGE

Aggregate Advancement			**Option 1**
Covered Benefits			**Medical, Rx Card**
Contract Type			**PAID**
Loss Limit Per Individual		$	**60,000**
Maximum Annual Reimbursement		$	**1,000,000**
Rate Per Month	Enrollment		
Composite	142	$	**6.51**
Combined Gross Monthly Rate		$	**6.51**
Estimated Annual Premium		$	**11,093**
Rate(s) includes Commissions of			**0.00%**
Annual Aggregate Deductible		$	**1,670,153**
Minimum Aggregate Deductible		$	**1,670,153**
Run-in/Out Limited To		$	**300,600**
Monthly Aggregate Claim Factors	Enrollment		
Medical , RxCard			
Single	99	$	**636.93**
Family	43	$	**1,770.31**
Composite	142	$	**980.14**

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions

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, pended 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

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

Quote assumes the use of the following PPO vendor:UHC - Choice Plus.

Quote is subject to final enrollment in each plan. If enrollment fluctuates by + or - 10% in any plan, rates and factors are subject to chang

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.

Our Rates & Factors are firm, final and locked-in with a commitment from the group by 10/27/19. After this time we reserv the right to re-review updated claims.

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
Specific	
Aggregate	

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

Date: _____ By: _____
Agent of Record or Administrator

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

Premiums4Good

Building a brighter future together

At QBE, we are committed to aligning our values with those of our customers to support the communities where we live and work. To support that goal, we have introduced Premiums4Good, a global initiative that helps communities develop, grow and thrive.

QBE's commitment is clear
We are a signatory to the United Nations Principles for Responsible Investment.

When policyholders pay their insurance premium, we typically invest that money in stocks or bonds until we need to access it to pay claims. Through our innovative Premiums4Good initiative, we commit 5% of those premiums to investments with an added social or environmental objective. Premiums4Good investments are made directly into projects that deliver benefits to communities or the environment, including social impact bonds and green bonds.

What does this mean for our insureds?

- 5% of policyholder premiums will be allocated toward investments with an additional social or environmental objective
- No premium impact
- Annual updates on the types of social or environmental impact investments we have made that you can share with your key stakeholders

Making a difference

Social impact bonds provide funding for initiatives with directly observable social benefits. These include reducing homelessness, supporting improved youth mental illness, and promoting family stability by reducing parental substance abuse and keeping families together.

For more information

For additional details on Premiums4Good, please contact your QBE representative.

QBE North America

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QBE Premiums4Good

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