BlueRe of Tennessee

1 Cameron Hill Circle, Chattanooga, TN 37402

STOP LOSS INSURANCE PROPOSAL FOR:

Hamilton County Department of Educatio

Proposal #: *SLP446268*

Plans Administered by Blue Cross Blue Shield of Tennessee

BCBST Networks Utilized:	Network S	*Proposal Date:*	*08/26/2021*
BCBST Representative:	Brent Johnson	*Valid Through:*	*09/03/2021*
Broker:	Wick, Brent A.	*Effective Date:*	*07/01/2021*
		Contract Duration:	*12 Months*

SPECIFIC STOP LOSS COVERAGE

		Option 1	Option 2
Basis Of Coverage		108/12	108/12
Specific Attachment Point		$375,000	$375,000
Effective Date		07/01/2021	09/01/2021
Coverage To Be Included		Medical, Rx Card	Medical, Rx Card
Specific Policy Period Maximum Reimbursement		Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement		Unlimited	Unlimited
Rate Per Month	Covered Units		
Single	1,081	$15.32	$14.55
Family	710	$52.72	$50.08
Total Lives	1,791		
Estimated Monthly Premium		$53,992	$51,285
Estimated Annual Premium		$107,984	$512,850
Rate(s) includes Commissions of		0.00%	5.00%

Plans Administered by:

of Tennessee

UNDERWRITING NOTES:

We have reviewed your updated paid claims, prognosis and case management information through 07/31/2021. The attached proposal is a firm offer. You must acknowledge acceptance of the terms in this proposal by returning a signed copy no later than the end of the business day on 09/03/2021. Please indicate which option is chosen. Failure to remit the signed proposal by 09/03/2021 will require submitting updated claims information for our review.

There are some items that are important for you to remember as you review our proposal:

a. Outstanding contingencies must be received no later than 7 days after the effective date.
b. Effective 09/01/2021 the renewal the Rate Cap with no new lasers at renewal will be 45% *.
The Specific Stop Loss Rate Cap assumes revisions in items impacting the rating, such as plan design, the specific deductible, contract length, contract basis, commissions and PPO network are outside the cap and priced on their own merits. The Specific Rate Cap only applies to the renewal occurring 12 months from the effective date of the coverage outlined herein. Future Specific Rate Caps are subject to our underwriting discretion.

* The Specific Stop Loss Rate Cap assumes there are no material changes to the groups plan such as revisions in the plan design, the specific deductible, contract length, contract change, commissions or PPO network. The Specific Rate Cap only applies to the group's next renewal, not subsequent renewals. Future Specific Rate Caps are subject to our underwriting discretion.

Assumptions:

1. Specific coverage includes Medical & Rx benefits.
2. Our proposal assumes that the number in each benefit plan option will remain the same or within 10% of current enrollment. We reserve the right to re-rate this proposal if the benefit plan enrollment changes more than 10%.
3. The PPO to be utilized for the proposed coverage period is reflected on page 1 of this proposal. If the PPO differs from what is stated, rates in this proposal are subject to change.
4. Our contract assumes that the policyholder's benefit plan document is in compliance with all applicable legislation. A valid copy of the benefit plan must be received within 45 days of the effective date. No policy will be issued or claim paid until the benefit plan document has been reviewed and approved by underwriting. Any deviation from the benefit plan upon which the sold proposal was based may result in a change to the terms of coverage.
5. Stop Loss coverage is for non-occupational injuries and illnesses.
6. This proposal expires at the end of the "Valid Through" date stated on Page 1 of the proposal. It is based on the data submitted to us in the prospect specifications. Any inaccuracy in the data will require revised calculations.
7. These rates are based on the "current" plan of benefits.
8. This proposal assumes the continuation of BCBS of Tennessee as the PPO and TPA.
9. Total group enrollment increases or decreases of more than 10% require re-rating.
10. This proposal assumes only under age 65 retirees are participating in the covered benefit plan and were included in the census and claims provided. No retirees age 65 or older are covered under the Stop Loss coverage.
11. This proposal assumes that standard BCBST language for transplants has been elected.
12. Applicable state taxes are included in the premium charged. State assessments, if applicable, are not covered and will be billed separately to the policyholder.

Initial the selected proposal option:	Option 1	Option 2
Selection	☐	☒
Initials:		

This proposal includes a rate page, all accompanying notes, contingencies, assumptions and a signature page. Rates, Deductibles and Factors are based on the data provided to us. Inaccurate or incomplete data may require changes in the terms provided. We will not be bound by clerical or typographical errors contained in this proposal. This quote is subject to all policy provision, limitations, and exclusions. By signing below I confirm that I am authorized to accept the terms of this insurance proposal.

Signature _____ Date 08/31/2021

Plans Administered by:

BlueRe of Tennessee