

January 1, 2017 through December 31, 2017

- This exhibit outlines your Firm renewal rates effective January 1, 2017
- Pricing assumes plan enrollment of 4109 employees. If actual enrollment varies by more than 10% in total and/or the plan design changes we reserve the right to readjust the stop loss premium.
- In an environment where healthcare costs are increasing, maintaining the same deductible shifts more of the claim cost to the stop loss provider.
- To help reduce the effect of leveraging, it is recommended that a plan sponsor consider increasing their Stop Loss deductible to keep pace with medical trend.
- **Please refer to the stop loss policy for detailed Stop Loss information.**

STOP LOSS QUOTE SPECIFICATIONS

	<u>Current</u>	<u>Straight Renewal</u>	<u>Option 1</u>
Policy Period Length (months):	12	12	12
Number of Employees Covered Under Stop Loss:	4,013	4,109	4,109
Number of Single Covered Under Stop Loss:	1,645	1,698	1,698
Number of Family Covered Under Stop Loss:	2,368	2,411	2,411
Aetna Choice POS II:	1,140	1,189	1,189
Open Access Aetna Select:	2,873	2,920	2,920
Producer Compensation:	0.0%	0.0%	0.0%
Terminal Liability Option:	No Extension (N/A)	No Extension (N/A)	No Extension (N/A)
Claims Paid Basis for Medical Coverages:	Cleared	Cleared	Cleared
Claims Paid Basis for Rx coverage is on an issued basis			

INDIVIDUAL STOP LOSS COVERAGE SPECIFICATIONS

Individual Stop Loss Level:	\$400,000	\$400,000	\$425,000
Contract Type:	Paid	Paid	Paid
Coinsurance %:	100%	100%	100%
M/N Claims Apply to ISL (Aetna Administered only):	Yes	Yes	Yes
Rx Claims Applied to ISL (Aetna Administered only):	Yes	Yes	Yes
Individual Specific Stop Loss Limits (Lasering):	TBD	TBD	TBD
Individual Lifetime Stop Loss Payment Amount:	Unlimited	Unlimited	Unlimited
Reimbursement Method:	Immediate	Immediate	Immediate
Prior Carrier Runoff Cap (per participant):	\$0	\$0	\$0

AGGREGATE STOP LOSS COVERAGE SPECIFICATIONS

Aggregate Stop Loss Percentage:	N/A	N/A	N/A
Contract Type:	N/A	N/A	N/A
Maximum Annual ASL Payment Amount:	N/A	N/A	N/A
Reimbursement Method:	N/A	N/A	N/A
Prior Carrier Runoff Cap:	N/A	N/A	N/A
Total Claims Applied to Aggregate Stop Loss:	N/A	N/A	N/A
Lasering Adjustment:	N/A	N/A	N/A
Pooling and Coinsurance Adjustment:	N/A	N/A	N/A

FINANCIAL INFORMATION

Stop Loss Premium:	\$1,745,655	\$1,896,386	\$1,769,171
State Assessment Fee	\$0	\$0	\$0
Total Stop Loss Premium:	\$1,745,655	\$1,896,386	\$1,769,171
Premium (PEPM) Composite Rate:	\$36.25	\$38.46	\$35.88
Stop Loss Aggregate Limit*:	\$0	\$0	\$0
Stop Loss Aggregate Limit (PEPM) Composite Factor:	\$0.00	\$0.00	\$0.00