

January 9, 2019

John E. Manning
District One

Cecil L. Pendergrass
District Two

Larry Kiker
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wm. Wesch
County Attorney

Donna Marie Collins
Hearing Examiner

Ms. Natalie Gonder - Jones
Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

SUBJECT: Renewal of Annual Contract No. RFP170465LKD C-8069
Medical Stop Loss Coverage

Dear Ms. Jones:

This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 1/1/2019 through 12/31/2019.

We are hereby extending the annual contract for an additional one year period under the same terms and conditions as the original award.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

C: Project File



239-533-8871

Donna Marie Collins
Hearing Examiner

The above-referenced annual contract will expire on December 31, 2018, unless renewed. Lee County is requesting that this annual contract be renewed for an additional one year period (1/1/2019 – 12/31/2019). Therefore, we are requesting that you choose one of the following options and return this letter to Lee County Procurement Management, Attn: Kimberly Urban, P.O. Box 398, Ft. Myers, FL 33902-0398, (Fax: 239-485-8383 or email kurban@leegov.com), within 15 calendar days from receipt.

_____ b. I am not interested in extending this contract for an additional one-year period. Why? _____

Lee County:

Lee County:



Signature of Authorized Official

Date 1-9-19

4630 Woodlands Corporate Blvd.
Tampa, FL 33614



Natalie Gonder Jones
Sr. Account Executive
Government Services - Florida
(813) 775-0345
(813) 775-0613

Ms. Lynne Peterson
Lee County Board of County Commissioners
Human Resources Manager
2112 Second Street
Ft. Myers, FL 33901

November 8, 2018

Re: LEE COUNTY BOCC STOP LOSS RATES FOR 2019

Dear Lynne:

Thank you for your continued partnership in providing your employees and their families with comprehensive health benefits.

To that end, please allow this letter to serve as final confirmation of the stop loss renewal for Lee County Board of County Commissioners ("The County") for the 2019 plan year.

As you are a self-insured plan, you fund your claims experience. However, Aetna provides the County with protection from catastrophic claims in excess of a certain amount. For 2018, the Individual Stop Loss limit (ISL) is \$400,000; thus, for 2019, we have assumed the County will maintain the ISL level at \$400,000. We have increased the premium for this service by 18.4%.

Therefore, the following rates will apply:

	2018 Rate	2019 Rate
Stop Loss Protection	\$38.46 Per Employee Per Month; \$400,000 Individual Stop Loss	\$45.54 Per Employee, Per Month; \$400,000 Individual Stop Loss

We again thank you for your business and being a wonderful client and partner. While this letter is not intended to replace the full renewal package, we do hope that it simplifies the 2019 stop loss rates for the County.

I look forward to hearing from you or answering any additional questions you may have.

Sincerely,

Natalie G. Jones

Section 6. Conditions

Premiums

The first Policy Year's monthly premium rate is shown in Section 2, Schedule of Insurance.

Premium Calculation: An estimated premium will be calculated which will be payable on a monthly basis or any other basis mutually agreed upon by the Insured and Aetna. The estimated premium will be based on the Premium Rate shown in the Schedule of Insurance and the estimated number of employees.

Premium Payments: Aetna will issue a Stop Loss premium invoice for the payment of estimated premium. Within 120 days following the end of each Policy Year, Aetna will prepare and submit to the Insured a financial accounting as to the total actual premium for that Policy Year. The total actual premium will be the sum of the products, for each month of that Policy Year, of:

- (a) the Premium Rate, times
- (b) the number of employees.

Grace Period: The Insured will pay all estimated premium payments as directed on the invoice, but no later than 31 days after the due date shown on the invoice (the grace period).

Right to Recalculate: Aetna reserves the right to make adjustments in the premium rate or the estimated premium on the first day of any Policy Month, as of the date any of the following events occur:

- (a) any change of 10% +/- in the number of employees;
- (b) any change in the coverage or types or amounts of benefits offered under the Plan which will change expected cost of coverage;
- (c) any change in this Policy;
- (d) any addition or deletion of a unit, division, subsidiary, affiliated or associated company from this Policy; and
- (e) any other change in factors bearing on the risk assumed (including but not limited to: age, sex, geographic changes, occupations etc.) which Aetna determines change the nature of the risk by more than 10%.

Failure to adjust the Premium Rate or the estimated Premium during a Policy Year will not preclude making an adjustment during any subsequent Policy Year.

If the total actual Premium (determined at the financial accounting) is less than the amount of estimated premiums paid, the difference will be paid to the Insured at the time the accounting is submitted. If the total actual Premium exceeds the amount paid, the difference will be paid to Aetna within 31 days of the date the accounting is furnished to the Insured.

Modification of Policy

Changes in this Policy may be made by written mutual agreement between Aetna and the Insured.

Optional Policy Renewal

The Policy will renew on the Policy anniversary date, upon the Insured's acceptance of the renewal terms, unless it has otherwise terminated or is subject to termination in accordance with the Termination provisions. Changes to Section 2, Schedule of Insurance, for each Policy Year after the first shall be indicated in a written notice sent to the Insured and shall be effective on the date stated in such notice.

Stop Loss Payments

Aetna will make payment, not later than 120 days after the end of each Policy Year to or on behalf of the Insured of the Stop Loss payment due under the terms of this Policy. The amount of any premiums due but unpaid may be deducted from the Stop Loss payment otherwise payable to the Insured. This right will not prevent the termination, of this Policy, for non-payment of premium under the Termination provisions of this Policy.