



John E. Manning
District One

December 18, 2019

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing Examiner

Mr. Scott Weber
Aetna Life Insurance Company
4630 Woodlands Corporate Blvd.
Tampa, FL 33614

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

Dear Mr. Weber:

This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 1/1/2020 through 12/31/2020.

We are hereby extending the annual contract for an additional one year period with the attached stop loss quote of 13%.

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



John E. Manning
District One

December 3, 2019

239-533-8871

Cecil L. Pendergrass
District Two

Mr. Scott Weber
Aetna Life Insurance Company
4630 Woodlands Corporate Blvd.
Tampa, FL 33614

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Subject: Renewal of Annual Contract RFP170465LKD C-8069
Medical Stop Loss Plan

Roger Desjarlais
County Manager

Dear Mr. Weber

Richard Wesch
County Attorney

The above-referenced annual contract will expire on December, 31, 2019, unless renewed. Lee County is requesting that this annual contract be renewed for an additional one year period 1/1/20 – 12/31/20. 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. Failure to return by 12/18/19, may, at the County's sole discretion, result in contract cancellation and/or rebid of solicitation.

Donna Marie Collins
County Hearing Examiner

X a. I want to continue performing under this annual contract for an additional one year period under the same terms and conditions as agreed upon in the attached stop loss quote of 13%.

As a condition of this renewal, the vendor agrees to provide Lee County with an updated insurance certificate upon expiration of the original certificate on file with the County.

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

Vendor:

Lee County:

Signature

Signature of Authorized Official

Market Head Public + Labor
Title Segment / VP Sales

Assistant County Manager

Title

Date

12/3/2019

Date

12/16/19

P.O. Box 398, Fort Myers, Florida 33902-0398 Phone: (239) 533-2111
www.leegov.com

AN EQUAL OPPORTUNITY EMPLOYER

January 1, 2020 through December 31, 2020

- This exhibit outlines your Firm renewal rates effective January 1, 2020
- Pricing assumes plan enrollment of 4331 employees. If actual enrollment varies by more than 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 shift cost to the stop loss provider.
- To help reduce the effect of leveraging, it is recommended that a plan sponsor consider increase Stop Loss deductible to keep pace with medical trend.
- **Please refer to the stop loss policy for detailed Stop Loss information.**

STOP LOSS QUOTE SPECIFIC

	<u>Current</u>	<u>Straight Renewal</u>
Policy Period Length (months):	12	12
Number of Employees Covered Under Stop Loss:	4,218	4,331
Number of Single Covered Under Stop Loss:	1,751	1,789
Number of Family Covered Under Stop Loss:	2,476	2,542
Aetna Choice POS II:	1,237	1,267
Open Access Aetna Select:	2,981	3,064
Producer Compensation:	0.0%	0.0%
Terminal Liability Option:	No Extension (N/A)	No Extension (N/A)
Claims Paid Basis for Medical Coverages:	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
Contract Type:	Paid	Paid
Coinsurance %:	100%	100%
M/N Claims Apply to ISL (Aetna Administered only):	Yes	Yes
Rx Claims Applied to ISL (Aetna Administered only):	Yes	Yes
Individual Specific Stop Loss Limits (Lasing):	TBD	TBD
Individual Lifetime Stop Loss Payment Amount:	Unlimited	Unlimited
Reimbursement Method:	Immediate	Immediate
Prior Carrier Runoff Cap (per participant):	\$0	\$0

FINANCIAL INFORMATION

Stop Loss Premium:	\$2,305,053	\$2,675,519
State Assessment Fee	\$0	\$0
Total Stop Loss Premium:	\$2,305,053	\$2,675,519
Premium (PEPM) Composite Rate:	\$45.54	\$51.48
Individual Stop Loss Premium as % of Total Premium:	100.00%	100.00%
		13.0%