

Florida Blue

In the pursuit of health

Issuing Carrier **Florida Blue**
 Underwriter **Susan Reel**
 Group **School Board of Suwannee County**
 TPA **Florida Blue**

Proposal **04/06/2022** Proposal No **10**
 Effective **05/01/2022** Expiration **04/30/2023**

INDIVIDUAL EXCESS LOSS COVERAGE

☒ Advance Reimbursement

Coverages

		Option 1		Option 2		Option 3
		Medical, Rx Same As Any Other		Medical, Rx Same As Any Other		Medical, Rx Same As Any Other
Contract Type		Paid		Paid		Paid
Annual Specific Deductible per Individual	\$	125,000	\$	150,000	\$	175,000
except for	\$	300,000	\$	300,000	\$	300,000
Maximum Specific Benefit		Unlimited		Unlimited		Unlimited
Maximum Lifetime Reimbursement		Unlimited		Unlimited		Unlimited
Rate Per Month	Enrollment					
Single	468	\$ 99.74	\$	84.14	\$	72.33
Family	54	\$ 315.23	\$	271.58	\$	237.87
Composite	522	\$ 122.03	\$	103.53	\$	89.45
Estimated Annual Premium	\$	764,408	\$	648,513	\$	560,344
Rate(s) includes Commissions of		15.00%		15.00%		15.00%

AGGREGATE EXCESS LOSS COVERAGE

		Option 1		Option 2		Option 3
		Medical, Rx Same As Any Other		Medical, Rx Same As Any Other		Medical, Rx Same As Any Other
Contract Type		Paid		Paid		Paid
Loss Limit per Individual		125,000		150,000		175,000
Maximum Annual Reimbursement	\$	1,000,000	\$	1,000,000	\$	1,000,000
Rate Per Month	Enrollment					
Composite	522	\$ 1.97	\$	2.28	\$	2.55
Estimated Annual Premium	\$	12,340	\$	14,282	\$	15,973
Rate(s) includes Commissions of		15.00%		15.00%		15.00%
Est Annual Agg Deductible w/ 125% Corridor	\$	4,979,331	\$	5,112,336	\$	5,188,253
Minimum Aggregate Deductible	\$	4,979,331	\$	5,112,336	\$	5,188,253
Expected Annual Claims	\$	3,983,465	\$	4,089,869	\$	4,150,602
Run-in Limited To	\$	0	\$	0	\$	0
Monthly Aggregate Claim Factors	Enrollment					
Medical						
Single	468	\$ 683.57	\$	701.83	\$	712.25
Family	54	\$ 1,759.88	\$	1,806.88	\$	1,833.73
Composite	522	\$ 794.91	\$	816.15	\$	828.27



PROPOSAL QUALIFICATIONS AND CONTINGENCIES

The following conditions and terms are in (or assumed to be in) the Employer's Self-Insured Plan Document. This reinsurance will consider only these or less liberal terms under the Stop-Loss.

Firm:

Firm renewal based on information through 2/28/2022. We will need to receive a copy of the signed sold quote by 4/4/2022; otherwise, the firm quote will expire and be subject to review of updated information and possible revisions.

NO NEW LASER:

This quote includes the ""No New Laser at Renewal"" option. Under this option, we will not place any new higher deductibles on any individual at the 5/1/2023 renewal. Any lasers and/or contingencies placed as of the 5/1/2022 contract may be continued on any subsequent renewals. The carrier has the option to offer, modify or not offer a continuation of this option with subsequent renewals.

375K laser in the event of a Liver Transplant.

Proposal assumes the use of the Florida Blue network. If this network is not used, Florida Blue reserves the right to change our rates and factors.

Florida Blue reserves the right to change the rates and factors should the initial enrollment vary by 10% or more from the enrollment shown on our proposal.

Assumes current participation and contribution levels will remain constant for the proposed policy period.

Minimum participation level of 65% of all eligible employees is required.

Subject to updated paid claims and enrollment through the proposed effective date. Florida Blue reserves the right to recalculate the rates and factors if the final month of claims exceed the average of the prior 10 months by 5%.

A signed disclosure statement is not required; however, we will require disclosure information. Disclosure information will be accepted 90 days or less before the effective date and no later than 15 days after the effective date. The quotation will require additional information, and may require adjustments (including lasers), regarding any claimant with serious condition(s) that may be expected to exceed the selected retention or any claimant with expenses (paid or incurred) in excess of 50% of the retention selected. Disclosure information will also include precert information, trigger diagnosis information, pending/denied claim information, and case management reports. Any individual who is a condition which currently disables any employee or dependent. (including but not limited to: STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence). Claimants with prescription item claims in excess of 50% of the lowest proposed specific deductible or \$2,000 per script must be disclosed to us.

Retirees are included under the plan.

COBRA participation is limited to 5% or less.

Actively-at-Work provision is waived as follows: For individuals identified and approved by Florida Blue and all other individuals covered on the Effective Date except for those individuals with serious claims known by the employer or the administrator, COBRA individuals, terminated individuals pending COBRA status, or Disabled individuals who have not been disclosed to Florida Blue is writing.

Subject to review and acceptance of Plan Document.

This quote is based on the following Plan Design: Current benefit plan(s) and existing enrollment by plan. We reserve the right to adjust the aggregate factors if enrollment by plan changes by more than 5% during open enrollment.



If the group acquires a new entity and adds those members to our policy, a disclosure statement must be presented to Florida Blue for approval. Approval must be received before Florida Blue will assume risk for the new member.

To consider a group for coverage we will require submission of all underlying documentation regarding member eligibility and termination as well as the group Leave of Absence Policy. If there is no Leave of Absence Policy in place, we will require a statement from the Plan Sponsor stating there is no Leave of Absence available. Additionally, we will require an approved benefit book within 60 days of Benefit Book release by FL Blue for group approval.

Additional information will be required for the following claimants:

Initial the selected proposal option:

Specific

Aggregate

Option 1	Option 2	Option 3
<u>WMD</u>		
<u>WMD</u>		

The Premium and Aggregate Deductible are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date:

4/6/22

By:

Lickie M. Dorr
Agent of Record or Administrator

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