

ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Enrollment					
Medical Enrollment					
Single	97	97	97	97	97
Family	236	236	236	236	236
TOTAL	333	333	333	333	333
Specific					
	National Union				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates					
Single	\$ 84.30	\$ 77.38	\$ 74.10	\$ 92.21	\$ 88.73
Family	\$ 84.30	\$ 77.38	\$ 74.10	\$ 92.21	\$ 88.73
% Difference from Expiring		-8%	-12%	9%	5%
Administration					
Medical Administration	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50
Rx Administration	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75
Dental Administration	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
COBRA Administration	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00
PPO Access	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50
ABSMCA-UM	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75
Total Fixed Costs	\$ 80.59	\$ 32.50	\$ 32.50	\$ 32.50	\$ 32.50
Annual Totals					
Specific	\$ 336,862.80	\$ 309,210.48	\$ 296,103.60	\$ 368,471.16	\$ 354,565.08
Implementation Fee	N/A	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Administration	\$ 322,037.64	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00
Total Fixed	\$ 658,900.44	\$ 442,080.48	\$ 428,973.60	\$ 501,341.16	\$ 487,435.08

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – National Union

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. Retirees are not included.
4. Rates include specific cash flow assistance benefit (also known as specific advance funding).
5. Minimum participation is 75% of eligible employees.
6. Proposal based upon continuation of current schedule of benefits utilizing the Cofinity network.
7. The carrier will only laser at renewal those specific individuals who were identified as potential laser candidates at the inception of the contract. No new lasers will be added at renewal.
8. This proposal is based on receipt of Disclosure information for each claimant known to be currently disabled, confined to a medical facility, or have been pre-certified within the last three months; have received medical services during the current plan year the cost of which exceeds the lesser of, 50% of the lowest specific retention amount applied for or \$50,000, and for which bills have been received by the claims administrator and entered into their claims system; have been identified as a candidate for case management (including any individuals evaluated for or currently on a transplant list) and as having the potential to exceed during the policy period, the lesser of, 50% of the lowest specific retention amount applied for, or \$50,000; have been diagnosed, during the current plan year, with a condition represented by any serious and/or ongoing condition and have also received medical services costing \$5,000 during the same period. This information should include: diagnosis, prognosis & future treatment plan (include Case Management report, if available), and total amount of such claims paid/pending during each applicable experience period.
9. To take effect, the following items are needed within 30 days of the stated effective date: first month's premium, based on the first month's enrollment figures; completed, signed and approved application; completed, signed and approved Excess Loss Disclosure Statement (failure to properly disclose an individual will result in that individual not being considered a covered participant under the Excess Loss Policy); the Actively At Work in the Policy will Not be waived for any individual not properly disclosed; census as of effective date (the carrier reserves the right to re-rate if final census deviates more than 10% from the census used for this proposal); signed plan document.

Roseville Community Schools
National Union Conditions
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10. Unless otherwise specified the Minimum Premium due will be the greater of 1: the sum of the first four month's premium and 2: the first month's premium multiplied by four.
11. The carrier reserves the right to recalculate the factors if the claims for the last two months immediately preceding the effective date exceed 125% of the average of ten months prior to the last two months.
12. Quote assumes approved pre-admission certification, utilization review and large case management are included.
13. Minimum requirements for approved services include: performed by a nurse, preferably a Registered Nurse; licensed to perform utilization review where required by law; used recognized criteria such as Interqual, Milliman & Robertson or similar if internally developed; Physician reviewer readily available.
14. Quoted rates are Net of Commission.

Employer Medical Stop Loss Proposal

Employer: ROSEVILLE COMMUNITY SCHOOLS
 Proposal: 187381
 Producer: ABS Sales, Inc.
 Claims Admin.: ABS Sales, Inc.
 Carrier: National Union Fire Ins Co of Pittsburgh, PA

Underwriter: James Marco
 Sales: Renee Flannery
 Quote Date: 05/22/2017
 Quote Valid Until: 07/01/2017
 Effective Date: 07/01/2017

This proposal contemplates the utilization of the above captioned Claims Administrator. Any deviation is a material change of fact rendering this proposal null and void.

Census	Single	Family	Total
Specific:	97	236	333

Specific Excess	Option 1	Option 2	Option 3	Option 4
Specific Claims Basis	12/12	12/12	15/12	15/12
Specific Deductible	170,000	175,000	170,000	175,000
Individual Lifetime Maximum Liability	Unlimited	Unlimited	Unlimited	Unlimited
Individual Annual Maximum Liability	None	None	None	None
Contract Length	12	12	12	12
Commission %	0.0%	0.0%	0.0%	0.0%
Aggregating Specific	0	0	0	0
Terminal Liability Option	No	No	No	No
Family Specific Deductible	No	No	No	No
Transplant Carve-Out	No	No	No	No
RX Included in Specific	Yes	Yes	Yes	Yes
	Comp	Comp	Comp	Comp
	\$77.38	\$74.10	\$92.21	\$88.73
Estimated Annual Premium:	\$309,210	\$296,104	\$368,471	\$354,565
Estimated Annual Liability:				

Aggregate Excess	No Aggregate	No Aggregate	No Aggregate	No Aggregate

Underwriter Comments

No coverage of any kind is made effective by this quote transmitted. Sales Representatives, and brokers or agents, have no authority to make effective coverage, or enter into contracts on behalf of the company. Coverage will be effective only after: (1) a quotation is issued by the company; (2) a completed and signed application and disclosure is received by the company; (3) the application is approved by the company; (4) Written notice confirming effective coverage is issued by the company. This proposal supersedes all others previously issued to you, and all other Proposals and Rate Quotations previously issued to you are void.



Employer Medical Stop Loss Proposal

Employer: ROSEVILLE COMMUNITY SCHOOLS
 Proposal: 187381
 Producer: ABS Sales, Inc.
 Claims Admin.: ABS Sales, Inc.
 Carrier: National Union Fire Ins Co of Pittsburgh, PA
 Coverage: Employer Medical Stop Loss

Underwriter: James Marco
 Sales: Renee Flannery
 Quote Date: 05/22/2017
 Quote Valid Until: 07/01/2017
 Effective Date: 07/01/2017

This proposal contemplates the utilization of the above captioned Claims Administrator. Any deviation is a material change of fact rendering this proposal null and void.

To take effect, we need the following items **within 30 days** of the above stated effective date:

- * First month's premium, based on the first month's enrollment figures.
- * Completed, signed and approved application.
- * Completed, signed and approved EXCESS LOSS DISCLOSURE STATEMENT (failure to properly disclose an individual will result in that individual not being considered a covered participant under the Excess Loss Policy)
- * The Actively At Work provision in the Policy will NOT be waived for any individual not properly disclosed.
- * Census as of effective date. (We reserve the right to re-rate if final census deviates more than 10% from the census used for this proposal)
- * Signed Plan document
- * Unless otherwise specified the MINIMUM PREMIUM due will be the greater of 1: the sum of the first four month's premium and 2: the first month's premium multiplied by four.
- * We reserve the right to recalculate the factors if the claims for the last two months immediately preceding the effective date exceed 125% of the average of ten months prior to the last two months.
- * Quote assumes approved pre-admission certification, utilization review and large case Management are included.

Minimum requirements for approved services include:

- ^ Performed by a nurse, preferably a Registered Nurse
- ^ Licensed to perform Utilization Review where required by law
- ^ Used recognized criteria such as Interqual, Milliman & Robertson or similar if internally developed.
- ^ Physician reviewer readily available

No coverage of any kind is made effective by this quote transmitted. Sales Representatives, and brokers or agents, have no authority to make effective coverage, or enter into contracts on behalf of the company. Coverage will be effective only after: (1) a quotation is issued by the company; (2) a completed and signed application and disclosure is received by the company; (3) the application is approved by the company; (4) Written notice confirming effective coverage is issued by the company. This proposal supersedes all others previously issued to you, and all other Proposals and Rate Quotations previously issued to you are void.



Employer Medical Stop Loss Proposal

Employer:	ROSEVILLE COMMUNITY SCHOOLS	Underwriter:	James Marco
Proposal:	187381	Sales:	Renee Flannery
Producer:	ABS Sales, Inc.	Quote Date:	05/22/2017
Claims Admin.:	ABS Sales, Inc.	Quote Valid Until:	07/01/2017
Carrier:	National Union Fire Ins Co of Pittsburgh, PA	Effective Date:	07/01/2017
Coverage:	Employer Medical Stop Loss		

This proposal contemplates the utilization of the above captioned Claims Administrator. Any deviation is a material change of fact rendering this proposal null and void.

This Proposal is based on the following stipulations:

Receipt of Disclosure Information for each claimant known to:

- o Be currently Disabled, Confined to a Medical Facility, or have been Pre-certified within the last three months.
- o Have received medical services during the current plan year the cost of which exceeds the lesser of, 50% of the lowest Specific Retention Amount applied for or \$50,000, and for which bills have been received by the Claims Administrator and entered into their Claims System.
- o Have been identified as a candidate for Case Management (including any individuals evaluated for or currently on a transplant list) and as having the potential to exceed during the policy period, the lesser of, 50% of the lowest Specific Retention Amount applied for, or \$50,000.
- o Have been diagnosed, during the current plan year, with a condition represented by any serious and/or ongoing condition and have also received medical services costing \$5,000 during the same period.

This information should include:

- o Diagnosis;
- o Prognosis & future treatment plan (include Case Management report, if available); and
- o Total amount of such claims paid/pending during each applicable experience period.

Case Management reports required for our review on all claimants with ongoing or potential large dollar treatments/surgery.

AIG will only laser at renewal those specific individuals who were identified as potential laser candidates at the inception of the contract. No new lasers will be added at renewal.

Proposal based upon continuation of current schedule of benefits utilizing the Cofinity Network.

Minimum participation is 75% of eligible employees.

Retirees are NOT included.

Rates include specific cash flow assistance benefit (also known as specific advance funding).

We recognize Louis Lapiana at ABS Sales as the licensed Broker for this policyholder. Only appropriately licensed Brokers can sell, solicit and negotiate insurance products with prospective AIG customers.

No coverage of any kind is made effective by this quote transmitted. Sales Representatives, and brokers or agents, have no authority to make effective coverage, or enter into contracts on behalf of the company. Coverage will be effective only after: (1) a quotation is issued by the company; (2) a completed and signed application and disclosure is received by the company; (3) the application is approved by the company; (4) Written notice confirming effective coverage is issued by the company. This proposal supersedes all others previously issued to you, and all other Proposals and Rate Quotations previously issued to you are void.



ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Enrollment					
Medical Enrollment					
Single	97	97	97	97	97
Family	236	236	236	236	236
TOTAL	333	333	333	333	333
Specific					
	Companion Life				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates					
Single	\$ 84.30	\$ 105.92	\$ 103.17	\$ 126.31	\$ 122.99
Family	\$ 84.30	\$ 105.92	\$ 103.17	\$ 126.31	\$ 122.99
% Difference from Expiring		26%	22%	50%	46%
Administration					
Medical Administration	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50
Rx Administration	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75
Dental Administration	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
COBRA Administration	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00
PPO Access	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50
ABSMCA-UM	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75
Total Fixed Costs	\$ 80.59	\$ 32.50	\$ 32.50	\$ 32.50	\$ 32.50
Annual Totals					
Specific	\$ 336,862.80	\$ 423,256.32	\$ 412,267.32	\$ 504,734.76	\$ 491,468.04
Implementation Fee	N/A	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Administration	\$ 322,037.64	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00
Total Fixed	\$ 658,900.44	\$ 556,126.32	\$ 545,137.32	\$ 637,604.76	\$ 624,338.04

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – Companion Life

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. The medical review has not been completed. Once the review is received, the carrier will send another quote reflecting the results of the review.
4. Proposal assumes the use of the Cofinity PPO network. If this network is not used, the carrier reserves the right to change the rates and factors.
5. Individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past will need to be disclosed.
6. The carrier will be entitled to offset claim reimbursement to the Contract holder against Specific or Aggregate claim overpayments made by the carrier which have not been repaid by the Contract holder.
7. Any unfunded claims balance must be disclosed, otherwise such claims will not be considered eligible under the Stop Loss Policy.
8. The carrier reserves the right to change the rates and factors should the initial enrollment vary by 10% or more from the enrollment shown on the proposal.
9. The carrier will accept a disclosure statement 60 days or less before the effective date and no later than 15 days after the effective date.
10. 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.
11. Claimants with prescription item claims in excess of 50% of the lowest proposed specific deductible or \$2,000 per script must be disclosed to the carrier.
12. All plan participants considered disabled (including but not limited to: STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence), whether employee or dependent, must be disclosed to the carrier during final underwriting along with the disabling condition(s) if applicable.
13. The quote is subject to current shock loss information including amount, diagnosis, disposition and prognosis through the proposed effective date.
14. Assumes current participation and contribution levels will remain constant for the proposed policy period.
15. Retirees are excluded from coverage.
16. COBRA participation is limited to 5% or less.

Roseville Community Schools
Companion Life Conditions
Page 2

17. Actively-at-Work provision is waived as follows: For individuals identified and approved by the carrier 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 the carrier in writing.
18. Subject to approval of Plan Document.
19. This quote is based on the following Plan Design: Current benefit plan(s) and existing enrollment by plan. The carrier reserves the right to adjust the aggregate factors if enrollment by plan changes by more than 5% during open enrollment.
20. If the group acquires a new entity and adds those members to the policy, a disclosure statement must be presented to the carrier for approval. Approval must be received before the carrier will assume risk for the new members.
21. A run-in limit equal to the lesser of the specific deductible or \$100,000 will apply to the specific coverage. Provided the risk has been with the TPA for the current 24 months, the run-in limit may be removed with the receipt of a pending and denied claims report and a pre-cert report dated no more than 15 days prior to the effective date.
22. If the proposal is sold, the carrier will require the following pieces of information: an aggregate report through the effective date including large claims information; a signed and approved Disclosure Statement; first month of premium; a signed Plan Document with all amendments to issue the policy; a signed copy of the SOLD proposal; and any and all missing information as indicated on the proposal.
23. The Premium and Aggregate Deductible are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. The carrier will not be bound by any typographical errors or omissions contained herein.
24. Quoted rates are Net of Commission.

ISU

6621 Southpoint Dr., N. Suite 325 Jacksonville, FL 32216 Telephone: (904) 281-2151 Facsimile: (904) 281-0384

Issuing Carrier **Companion Life**

Underwriter **Kim Angeletti**

Proposal **05/22/2017** Proposal No **1**

Group **Roseville Community Schools**

Effective **07/01/2017** Expiration **06/30/2018**

Administrator **Automated Benefit Services, Inc.**

INDIVIDUAL EXCESS LOSS COVERAGE

Advance Reimbursement

Coverages	Option 1		Option 2		Option 3		Option 4		
	Medical, Rx Card		Medical, Rx Card		Medical, Rx Card		Medical, Rx Card		
Contract Type	12/12		12/12		15/12		15/12		
Annual Specific Deductible per Individual	\$	170,000	\$	175,000	\$	170,000	\$	175,000	
Maximum Specific Benefit	Unlimited		Unlimited		Unlimited		Unlimited		
Maximum Lifetime Reimbursement	Unlimited		Unlimited		Unlimited		Unlimited		
Rate Per Month	Enrollment								
Composite	333	\$	105.92	\$	103.17	\$	126.31	\$	122.99
Estimated Annual Premium	\$	423,256	\$	412,267	\$	504,734	\$	491,468	
Rate(s) includes Commissions of	0.00%		0.00%		0.00%		0.00%		

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.

The medical review has not been completed. Once the review is received, we will send another quote reflecting the results of the review.

Our proposal assumes the use of the Cofinity PPO network. If this network is not used, ISU reserves the right to change our rates and factors.

Individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past will need to be disclosed.

Companion will be entitled to offset claim reimbursement to the Contract holder against Specific or Aggregate claim overpayments made by Companion which have not been repaid by the Contract holder.

Any unfunded claims balance must be disclosed, otherwise such claims will not be considered eligible under the Stop Loss Policy.

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

ISU will accept a disclosure statement 60 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.

Claimants with prescription item claims in excess of 50% of the lowest proposed specific deductible or \$2,000 per script must be disclosed to ISU.

All plan participants considered disabled (including but not limited to: STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence), whether employee or dependent, must be disclosed to ISU during final underwriting along the disabling condition(s) if applicable.

Our quote is subject to current shock loss information including amount, diagnosis, disposition and prognosis through the proposed effective date.

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

Retirees are excluded from coverage.

COBRA participation is limited to 5% or less.

Actively-at-Work provision is waived as follows: For individuals identified and approved by ISU 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 ISU in writing.

Subject to approval 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.

In the event a plan participant receives health care services in the state of New York, which are subject to the New York Health Care Reform Act, we will cover the bad debt and charity surcharge under the stop loss agreements.

Massachusetts State surcharges are covered under both Specific and Aggregate coverages.

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

A run-in limit equal to the lesser of the specific deductible or \$100,000 will apply to the specific coverage. Provided the risk has been with TPA for the current 24 months, the run-in limit may be removed with the receipt of a pending and denied claims report & a pre-cert report dated no more than 15 days prior to the effective date.

If this proposal is sold, ISU will require the following pieces of information:

- **An aggregate report through the effective date including the large claims information.**
- **A signed and approved Disclosure Statement.**
- **First month of premium.**
- **A signed Plan Document with all amendments to issue the policy.**
- **A signed copy of the SOLD proposal.**
- **Any and all missing information as indicated on the proposal.**

Initial the selected proposal option:	Option 1	Option 2	Option 3	Option 4
Specific	_____	_____	_____	_____
Aggregate	_____	_____	_____	_____

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: _____ By: _____
Agent of Record or Administrator

ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

Enrollment	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Medical Enrollment					
Single	97	97	97	97	97
EE+1	67	67	67	67	67
Family	169	169	169	169	169
TOTAL	333	333	333	333	333

Specific	Gerber Life				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited

Specific Rates										
Single	\$	84.30	\$	45.08	\$	43.93	\$	53.39	\$	52.01
EE+1	\$	84.30	\$	81.58	\$	79.41	\$	97.37	\$	94.75
Family	\$	84.30	\$	126.19	\$	122.76	\$	151.13	\$	147.00
% Difference from Expiring				11%		8%		33%		29%

Administration												
Medical Administration	\$		15.50	\$		15.50	\$		15.50	\$		15.50
Rx Administration	\$		1.75	\$		1.75	\$		1.75	\$		1.75
Dental Administration	\$		3.00	\$		3.00	\$		3.00	\$		3.00
COBRA Administration	\$		1.00	\$		1.00	\$		1.00	\$		1.00
PPO Access	\$		8.50	\$		8.50	\$		8.50	\$		8.50
ABSMCA-UM	\$		2.75	\$		2.75	\$		2.75	\$		2.75
Total Fixed Costs	\$	80.59	\$	32.50	\$	32.50	\$	32.50	\$	32.50	\$	32.50

Annual Totals										
Specific	\$	336,862.80	\$	373,976.76	\$	363,937.44	\$	446,923.08	\$	434,834.64
Implementation Fee		N/A	\$	3,000.00	\$	3,000.00	\$	3,000.00	\$	3,000.00
Administration	\$	257,243.28	\$	129,870.00	\$	129,870.00	\$	129,870.00	\$	129,870.00
Total Fixed	\$	594,106.08	\$	506,846.76	\$	496,807.44	\$	579,793.08	\$	567,704.64

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – Gerber Life

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. Proposal assumes current benefit schedule(s).
4. This quotation is based upon the preliminary information provided. A review of updated or missing information may cause the rates to be revised or this quote may be withdrawn.
5. Require clinical information for the large claimants still on the plan, especially the multiple myeloma and lung cancer claimants. Need paid amounts listed for the individual large claimants provided.
6. Proposal subject to receipt and review of final sold case documentation including completed application, disclosure statement, final census, plan document and all updated claims information. Underwriting reserves the right to make adjustments for any material changed within the final documentation provided.
7. Proposal assumes the continuation of the current benefit plan(s), exclusively, and the same relative distribution of members between plans.
8. Unless otherwise noted, proposal assumes there will be at least 75% eligible participation not including those employees who waived due to other coverage.
9. Proposal subject to medical review of all large claim information provided, updated information as received, and any additional information the carrier requests as a result of the aforementioned review.
10. Proposal assumes that all available claims information provided within the most recent three years has been included with the Request for Proposal.
11. This proposal is based on the information supplied. The carrier reserves the right to make changes if any of the information that the quote is based on changes.
12. This quote is based on the enrollment shown on the proposal page. If the actual enrollment varies by more than 10%, the carrier reserves the right to re-rate the case.
13. Proposal assumes plan document excludes treatment for infertility except for diagnosis purposes only.
14. PPO Network is Cofinity Advantage.
15. Quoted rates are Net of Commission.



Stoploss Proposal

Group	Roseville Community Schools	Effective Date	7/1/2017	Quote ID	13417
Carrier	Gerber Life Insurance Company	Rep		Plan ID	18069
Issued To	Automated Benefit Services, Inc.	Printed	5/24/2017 6:39:49 AM		

This proposal is valid through 7/15/2017

Specific Covers Medical, Rx

Census	Single	EE + 1	Family	Total
All Cvgs	97	67	169	333

Option	1	2	3	4
Specific Deductible	170,000	175,000	170,000	175,000
Specific Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Specific Contract	12/12	12/12	15/12	15/12
Aggregate Contract	n/a	n/a	n/a	n/a
Aggregate Maximum	n/a	n/a	n/a	n/a
Commission	0.00%	0.00%	0.00%	0.00%
Specific Rates				
Single	45.08	43.93	53.39	52.01
EE + 1	81.58	79.41	97.37	94.75
Family	126.19	122.76	151.13	147.00
Aggregate Rate	n/a	n/a	n/a	n/a
Aggregate Accommodation	n/a	n/a	n/a	n/a
Terminal Liability	n/a	n/a	n/a	n/a
Aggregate Factors				
Single	N/A	N/A	N/A	N/A
EE + 1	n/a	n/a	n/a	n/a
Family	n/a	n/a	n/a	n/a
Contract Length	12	12	12	12
Estimated Spec Premium	\$373,977	\$363,937	\$446,923	\$434,835
Estimated Agg Premium	\$0	\$0	\$0	\$0
Total Attachment Point	\$0	\$0	\$0	\$0
Minimum Attachment Point	n/a	n/a	n/a	n/a
Run-In Limit	n/a	n/a	n/a	n/a
ESTIMATED FIXED PREMIUM	\$373,976.76	\$363,937.44	\$446,923.08	\$434,834.64
ESTIMATED TOTAL LIABILITY	\$373,976.76	\$363,937.44	\$446,923.08	\$434,834.64

Underwriter's Notes

PPO Network is Cofinity Advantage
 Proposal assumes current benefit schedule(s)

Employer **Roseville Community Schools**
Eff. Date **7/1/2017**

Quote ID 13417
Proposal ID 18069

The terms of this offer are tentative and subject to change based on receipt, review and approval of the following:

- Proposal subject to receipt and review of final sold case documentation including completed application, disclosure statement, final census, plan document and all updated claims information. Underwriting reserves the right to make adjustments for any material change within the final documentation provided.
- Proposal assumes the continuation of the current benefit plan(s), exclusively, and the same relative distribution of members between plans.
- Unless otherwise noted, proposal assumes there will be at least 75% eligible participation not including those employees who waived due to other coverage.
- If multiple benefit plans are being offered, the aggregate factors shown are a composite of all the in force benefit plans and are being provided solely as a means to calculate the total aggregate liability for the entire group, unless otherwise noted. The actual aggregate factors will differ by benefit plan.
- Proposal subject to medical review of all large claim information provided, updated information as received, and any additional information we request as a result of the aforementioned review.
- Proposal assumes that all available claims information provided within the most recent three years has been included with the Request For Proposal.
- This proposal is based on the information supplied. We reserve the right to make changes if any of the information that the quote is based on changes.
- This quote is based on the enrollment shown on the proposal page. If the actual enrollment varies by more than 10%, we reserve the right to re-rate the case.
- Proposal assumes plan document excludes treatment for infertility except for diagnosis purposes only.

ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Enrollment					
Medical Enrollment					
Single	97	97	97	97	97
Family	236	236	236	236	236
TOTAL	333	333	333	333	333
Specific					
	HCC Life				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates					
Single	\$ 84.30	\$ 38.70	\$ 37.34	\$ 43.95	\$ 42.59
Family	\$ 84.30	\$ 120.53	\$ 116.72	\$ 137.68	\$ 133.94
% Difference from Expiring		15%	11%	31%	27%
Administration					
Medical Administration	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50
Rx Administration	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.75
Dental Administration	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
COBRA Administration	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00
PPO Access	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50
ABSMCA-UM	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75
Total Fixed Costs	\$ 80.59	\$ 32.50	\$ 32.50	\$ 32.50	\$ 32.50
Annual Totals					
Specific	\$ 336,862.80	\$ 386,387.76	\$ 374,014.80	\$ 441,067.56	\$ 428,892.84
Implementation Fee	N/A	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Administration	\$ 322,037.64	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00	\$ 129,870.00
Total Fixed	\$ 658,900.44	\$ 519,257.76	\$ 506,884.80	\$ 573,937.56	\$ 561,762.84

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – HCC Life

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. Require paid claims experience to the effective date including monthly enrollment figures.
4. Require updated shock loss information to the date the carrier has been notified that the proposal has been accepted by the group. Shock loss information should include injuries, illnesses, diseases, diagnoses, or other losses of the type, which are reasonably likely to result in a significant medical expense claim or disability, regardless of current claim dollar amount. In addition, shock loss information should include any claimant that has incurred claim dollars in excess of \$85,000, regardless of diagnosis. Information is also needed on any claims processed and unpaid, pended or denied for any reason.
5. The carrier will accept final shock loss disclosure no earlier than 30 days prior to the effective date.
6. Should a large claim(s), (non-reoccurring and/or ongoing) become known and the initial date of service is prior to the date of written acceptance by the carrier, they reserve the right to re-underwrite the case.
7. In the event there is a greater than 10% change in enrollment between the submitted initial enrollment data and the final enrollment data, rates and factors may be recalculated.
8. Minimum participation level of 75% of all eligible employees is required.
9. Proposal includes Simultaneous Funding on Specific reimbursements.
10. Rates and Factors are calculated with the plan anniversary date and the Policy effective date as the same date, should the plan anniversary date and the stop loss policy effective date be different the carrier reserves the right to modify the rates, factors and terms of coverage to accommodate for additional liabilities incurred by the plan due to state and/or federal mandates during the stop loss contract period.
11. Quote rated with retirees not covered. Quote rated with no COBRAs being covered based on the census information provided.
12. Subject to monthly paid claims and enrollment through 10 months or within 10 days of the date of acceptance, whichever is later, along with updated large claims detail reports, available case management notes on claimants in excess of \$85,000, funds needed, pending claims, denied claims, Trigger reports and pre-cert reports.

Roseville Community Schools
HCC Life Conditions
Page 2

13. Quote is based on the current plan(s) benefits. Any changes to the benefits or current enrollment in each plan may impact the rates and/or factors.
14. All ongoing claimants must be reviewed by the carrier's Medical Underwriting staff before coverage terms can be determined. Written approval from the carrier accepting all claimants at the group's specific deductible is required. Higher Individual Specific Deductible(s) may apply.
15. Network is Cofinity Advantage.
16. Proposal is based on no ongoing claimants.
17. Proposal is based upon receipt of detailed Specific Disclosure.
18. Quoted rates are Net of Commission.

Underwriter **Douglas, Corey**
 Group **Roseville Community Schools**
 Carrier **HCC Life Insurance Company**

 Proposal No **1**
 Proposal **05/24/2017** Valid Thru Date **07/10/2017**
 Effective Date **07/01/2017** Expiration Date **06/30/2018**
INDIVIDUAL STOP LOSS COVERAGE

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Coverages	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Contract Type	12/12	12/12	15/12	15/12
Annual Specific Deductible per Individual	170,000	175,000	170,000	175,000
Lifetime Reimbursement	Unlimited			
Maximum Contract Period Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Mental & Nervous	365 Days			
Quoted Rate Per Month	<u>Enrollment</u>			
Single	97	38.70	37.34	43.95
Family	236	120.53	116.72	137.68
Composite	333	96.70	93.60	110.38
Estimated Annual Premium	386,388	374,015	441,068	428,893
Quoted Rate(s) includes Commissions of	0.00%	0.00%	0.00%	0.00%

OVERALL COST SUMMARY

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Total Annual Fixed Costs	386,388	374,015	441,068	428,893
Maximum Annual Liability	386,388	374,015	441,068	428,893

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Quoted terms and conditions are subject to possible revision based upon receipt and review of the following items:

- Paid claims experience to the effective date including monthly enrollment figures.
- Updated shock loss information to the date HCC Life Insurance Company has been notified that the proposal has been accepted by the group. Shock loss information should include injuries, illnesses, diseases, diagnoses, or other losses of the type, which are reasonably likely to result in a significant medical expense claim or disability, regardless of current claim dollar amount. In addition, shock loss information should include any claimant that has incurred claim dollars in excess of \$ 85,000, regardless of diagnosis. Information is also needed on any claims processed and unpaid, pending or denied for any reason. Please refer to our Trigger Diagnosis Disclosure List, which provides examples of some, but not all, types of shock losses.
- We will accept final shock loss disclosure no earlier than 30 days prior to the effective date.
- Please see the attached exhibit for plan document assumptions and requirements.
- Should a large claim(s), (non-reoccurring and/or ongoing) become known and the initial date of service is prior to the date of written acceptance by HCC Life Insurance Company , we reserve the right to re-underwrite the case.
- In the event there is a greater than 10% change in enrollment between the submitted initial enrollment data and the final enrollment data, rates and factors may be recalculated.
- Minimum participation level of 75% of all eligible employees is required.
- Our proposal includes Simultaneous Funding on Specific reimbursements.
- Rates and Factors are calculated with the plan anniversary date and the Policy effective date as the same date, should the plan anniversary date and the stop loss policy effective date be different we reserve the right to modify our rates, factors and terms of coverage to accommodate for additional liabilities incurred by the plan due to state and/or federal mandates during the stop loss contract period.
- **Quote rated with retirees not covered. Quote rated with no COBRAs being covered based on the census information provided.**
- **Quote Rated with the following UR Vendors: ABS Managed Care Administrators, Inc., .**
- **Quote Rated with the following Cost Containment Programs(s): Cofinity Advantage.**
- **Subject to monthly paid claims and enrollment through 10 months or within 10 days of the date of acceptance, whichever is later, along with updated large claims detail reports, available case management notes on claimants in excess of \$85,000, funds needed, pending claims, denied claims, Trigger reports and pre-cert reports.**

Our proposal includes Simultaneous Funding on Specific Reimbursements.

Quote is based on the current plan(s) of benefits. Any changes to the benefits or current enrollment in each plan may impact the rates and/or factors.

All ongoing claimants must be reviewed by HCCL Medical Underwriting staff before coverage terms can be determined. Written approval from HCCL accepting all claimants at the group's specific deductible is required. Higher Individual Specific Deductible (s) may apply.

Proposal is based on no ongoing claimants.

Proposal is based upon receipt of detailed Specific Disclosure.

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Initial the selected proposal option:

	Option 1	Option 2	Option 3	Option 4
Specific				
Aggregate	N/A	N/A	N/A	N/A

The Premium and Aggregate Deductibles 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: _____ By: _____
Agent of Record or Administrator

This proposal expires if applications are not requested before the valid through date.

Plan Document Assumptions

This proposal for stop loss coverage assumes the Plan Sponsor's plan document includes certain standard clauses, exclusions and limitations. These exclusions and limitations include, but are not limited to the following:

1. **Eligibility, Effective Date, and Enrollment Date** provisions, which include definitions of eligible employees (including definitions of full-time and part-time), dependents, and retirees, if applicable.
2. **Termination Provisions** which clearly define when eligibility and benefits cease. The Termination Provisions should include specific wording regarding extension of coverage (also known as "extension of active service") during a period of inactive service due to disability, layoff or leave of absence. The plan should include COBRA wording consistent with federal requirements.
3. **Transplant** benefit wording that identifies any benefits applicable to the donor (particularly the non-participating donor), the recipient, organ procurement, and any covered transportation, lodging and companion charges.
4. The Plan is expected to contain provisions that preserve its ability to seek a right of recovery, to recover funds via subrogation, to enforce coordination of benefit clauses with other plans and where able, to be secondary to Medicare and other public programs (subject to the Plan's compliance with Medicare Secondary Payer rules).
5. Exclude expenses resulting from losses which are due to any act of war, whether declared or not.
6. Exclude expenses for any injury or illness arising out of or in the course of any occupation or employment for wage or profit.
7. Exclude expenses related to Alternative Treatment, except when deemed both medically necessary and cost effective when compared to a normal course of treatment.
8. All HCC Life policies contain an Experimental and Investigative definition and exclusion along with coverage requirements for clinical trials that complies with the Affordable Care Act (ACA).

ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

Enrollment	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Medical Enrollment					
Single	97	97	97	97	97
Family	236	236	236	236	236
TOTAL	333	333	333	333	333

Specific	American Alternative Insurance Corp.				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates					
Single	\$ 84.30	\$ 84.15	\$ 81.76	\$ 87.46	\$ 84.96
Family	\$ 84.30	\$ 84.15	\$ 81.76	\$ 87.46	\$ 84.96
% Difference from Expiring		0%	-3%	4%	1%

Administration							
Medical Administration	\$	15.50	\$	15.50	\$	15.50	\$ 15.50
Rx Administration	\$	1.75	\$	1.75	\$	1.75	\$ 1.75
Dental Administration	\$	3.00	\$	3.00	\$	3.00	\$ 3.00
COBRA Administration	\$	1.00	\$	1.00	\$	1.00	\$ 1.00
PPO Access	\$	8.50	\$	8.50	\$	8.50	\$ 8.50
ABSMCA-UM	\$	2.75	\$	2.75	\$	2.75	\$ 2.75
Total Fixed Costs	\$	80.59	\$	32.50	\$	32.50	\$ 32.50

Annual Totals							
Specific	\$	336,862.80	\$	336,263.40	\$	326,712.96	\$ 349,490.16
Implementation Fee	N/A		\$	3,000.00	\$	3,000.00	\$ 3,000.00
Administration	\$	322,037.64	\$	129,870.00	\$	129,870.00	\$ 129,870.00
Total Fixed	\$	658,900.44	\$	469,133.40	\$	459,582.96	\$ 482,360.16

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – American Alternative Insurance Corp.

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. This proposal is based on the continuation of the current plan(s) of benefits.
4. This proposal is based on continuation of the current enrollment distribution in the current medical plans.
5. This proposal is based on a minimum participation level of 75% which applies for all eligible enrollees under a contributory plan, and 100% under a non-contributory plan.
6. This proposal was underwritten based on claims experience through 2/28/17. Proposed rates are subject to change based on updated claims experience and large claim review.
7. The proposed specific rates are subject to receipt and review of an updated large claims report in excess of 50% of the specific deductible run through 10 months of the current policy period. If Rx is managed through a specialty provider, please provide all medical and Rx reports from all parties.
8. The 50% of specific reporting should be submitted for plan years 7/1/2014 through 6/30/2015, 7/1/2015 through 6/30/2016 and 7/1/2016 through 4/30/2017 and should include diagnosis, paid amount broken out by medical/Rx (if possible), diagnosis, status and name, age and gender of claimant.
9. This proposal is subject to revision upon the receipt and review of all details of any potentially large or ongoing claim condition(s).
10. Disclosure review has not been initiated. The carrier will begin the disclosure review process upon request.
11. Require large paid claims report in excess of 50% of the specific deductible run through 10 months of the current policy period. Data should include (but not limited to), ICD-9, prognosis, status and any available claim details and Rx PBM reports.
12. Require pending claims report including denied and suspended claim report(s) run as of 60 days prior to the effective date.
13. Need pre-cert/utilization review report(s) run through 10 months of the current policy period.
14. Require Case Management notes/summaries of all open case management file(s) and declined Case Management list to include the claimant's diagnosis and year to date paid claims run as of 60 days prior to the effective date.
15. Need declined Case Management list to include the claimant's diagnosis and year to date paid claims.

Roseville Community Schools
American Alternative Conditions
Page 2

16. Require Trigger report run through 10 months of the current policy period.
17. This proposal may be adjusted if the number of covered employees or the percentage of family participants changes by more than 10%.
18. Completed and signed application to be received by July 1, 2017.
19. Deposit premium check in the amount of the first month's premium to be received by July 1, 2017 to bind coverage. Subsequent payments are due by the first of the month.
20. The Effective Year Plan Document/SPD (and amendments) to be received by July 1, 2017 to bind coverage. Subsequent payments are due by the first of the month.
21. The Policyholder will be liable for any taxes assessed at any time against the Company, except premium taxes payable by the Company.
22. Rx-PBM reports run through 10 months of the current policy period. Rx reporting should include Rx name, claimant name and paid amount to date.
23. Retirees are excluded from the Stop Loss Policy.
24. Need reporting that includes any individual on a transplant list or any individual who has been evaluated for a transplant, along with anyone currently receiving chemotherapy or dialysis will need to be provided. Please list claimant name, date of diagnosis and/or start of dialysis and paid amount to date.
25. Network is Cofinity Advantage.
26. Quoted rates are Net of Commission.

Group Name	Roseville Community Schools	Proposal Number	1
Contract Situs	Michigan	Effective Date	07/01/2017 through 06/30/2018
Producer	Automated Benefit Services, Inc.	Expiration Date	07/01/2017
Sales Director	Derrick Rodney	Issuing Carrier	American Alternative Insurance Corp.
Underwriter	Shawn Porter		

SPECIFIC EXCESS LOSS COVERAGE

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Coverages	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Contract Type	12/12	15/12	12/12	15/12
Annual Specific Deductible per Individual	\$ 170,000	\$ 170,000	\$ 175,000	\$ 175,000
Maximum Annual Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Specific Reimbursement Percentage	100%	100%	100%	100%
Specific Advanced Reimbursement	Included	Included	Included	Included
Specific Run-In Limitation	Waived	Waived	Waived	Waived
Quoted Rate Per Month	<u>Enrollment</u>			
Composite	333 \$ 84.15	\$ 87.46	\$ 81.76	\$ 84.96
Estimated Annual Premium	\$ 336,250	\$ 349,476	\$ 326,699	\$ 339,486
Quoted Rate(s) includes Commissions of	0.00%	0.00%	0.00%	0.00%
Organ Transplant Carve Out	Not Included	Renewal Guard	Not Included	
Specific Terminal Liability	Not Included	Renewal Guard Rate Cap	None	
		Notes		

Rates and Factors subject to attached Qualifications and Contingencies.

This proposal is based on the information provided by the Employer or its authorized representative, including all claims, paid or pending, and does not constitute an offer to bind excess loss coverage. Any inaccuracy, or omission in the information provided, will result in a change to or can void this proposal or resulting coverage. The terms of this proposal also are subject to change based upon receipt and review of the additional information requested above. An application for coverage will be issued upon request.

Qualifications and Contingencies

Group Name **Roseville Community Schools**

Proposal Number 1

General Assumptions and Contingencies

Producers placing business through Munich Re Stop Loss must be properly licensed and appointed with the issuing carrier(s), in the state(s) in which business is solicited and sold.

The producer, nor any other third party, does not have the authority to bind or modify the terms of this proposal or the policy to be issued without the prior approval of Munich Re Stop Loss.

Claims Administrator: Automated Benefit Services, Inc.

Network(s): Cofinity - Advantage

This proposal is based on the continuation of the current plan(s) of benefits.

This proposal is based on continuation of the current enrollment distribution in the current medical plans.

This proposal is based on a minimum participation level of 75% which applies for all eligible enrollees under a contributory plan, and 100% under a non-contributory plan.

This proposal may be adjusted if the number of covered employees or the percentage of family participants change by more than 10%.

Completed and signed application to be received by July 1, 2017.

Deposit Premium check in the amount of the first month's premium to be received by July 1, 2017 to bind coverage. Subsequent payments are due by the first of the month.

The Effective Year Plan Document/SPD (and amendments) to be received within 45 days of the proposed effective date.

The Policyholder will be liable for any taxes assessed at any time against the Company, except premium taxes payable by the Company.

RX - PBM Reports run through 10 months of the current policy period. RX reporting should include rx name, claimant name and paid amount to date

Retirees are excluded from the Stop Loss Policy.

Reporting that includes any individual on a transplant list or any individual who has been evaluated for a transplant, along with anyone currently receiving chemotherapy or dialysis will need to be provided. Please list claimant names, date of diagnosis and/or start of dialysis and paid amount to date.

Specific and Aggregate Qualifications and Contingencies

This proposal was underwritten based on claims experience through 2/28/2017. Proposed rates are subject to change based on updated claims experience and large claim review.

The proposed specific rates are subject to receipt and review of an updated large claims report in excess of 50% of the specific deductible run through 10 months of the current policy period. If RX is managed through a specialty provider, please provide all medical and rx reports from all parties.

The 50% of specific reporting should be submitted for plan years 7/1/2014 through 6/30/2015, 7/1/2015 through 6/30/2016 and 7/1/2016 through 4/30/2017 and should include diagnosis, paid amount broken out by medical / rx (if possible), diagnosis, status and name, age and gender of claimant.

Disclosure Qualifications and Contingencies

This proposal is subject to revision upon the receipt and review of all details of any potentially large or ongoing claim condition(s).

Disclosure review has not been initiated. Munich Re Stop Loss will begin the disclosure review process upon request.

Large paid claims report in excess of 50% of the specific deductible run through 10 months of the current policy period: Data should include (but not limited to), ICD-9, Prognosis, status, and any available claim details and RX PBM Reports.

Pended claims report including denied and suspended claim report(s) run as of 60 days prior to the effective date.

Pre-cert /Utilization Review report(s) run through 10 months of the current policy period.

Case Management Notes/Summaries of all open case management file(s) and Declined Case Management list to include the claimant's diagnosis and year to date paid claims run as of 60 days prior to the effective date.

Declined Case Management list to include the claimant's diagnosis and year to date paid claims.

Trigger report run through 10 months of the current policy period.

ROSEVILLE COMMUNITY SCHOOLS

Effective Date : July 1, 2017

Enrollment	Current - BCBS	Option #1	Option #2	Option #3	Option #4
Medical Enrollment					
Single	97	97	97	97	97
Family	236	236	236	236	236
TOTAL	333	333	333	333	333

Specific	Westport Insurance Corporation				
Specific Deductible	\$170,000	\$170,000	\$175,000	\$170,000	\$175,000
Contract Basis	12/12	12/12	12/12	15/12	15/12
Coverages Included	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Annual Policy Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates					
Single	\$ 84.30	\$ 63.37	\$ 62.23	\$ 70.54	\$ 69.48
Family	\$ 84.30	\$ 167.11	\$ 164.76	\$ 186.01	\$ 183.93
% Difference from Expiring		62%	60%	81%	79%

Administration							
Medical Administration	\$	15.50	\$	15.50	\$	15.50	\$ 15.50
Rx Administration	\$	1.75	\$	1.75	\$	1.75	\$ 1.75
Dental Administration	\$	3.00	\$	3.00	\$	3.00	\$ 3.00
COBRA Administration	\$	1.00	\$	1.00	\$	1.00	\$ 1.00
PPO Access	\$	8.50	\$	8.50	\$	8.50	\$ 8.50
ABSMCA-UM	\$	2.75	\$	2.75	\$	2.75	\$ 2.75
Total Fixed Costs	\$	80.59	\$	32.50	\$	32.50	\$ 32.50

Annual Totals							
Specific	\$	336,862.80	\$	547,018.20	\$	539,036.04	\$ 608,888.88
Implementation Fee	N/A	\$	3,000.00	\$	3,000.00	\$	3,000.00
Administration	\$	322,037.64	\$	129,870.00	\$	129,870.00	\$ 129,870.00
Total Fixed	\$	658,900.44	\$	679,888.20	\$	671,906.04	\$ 741,758.88

Please See Terms and Conditions Page

Case Management = \$150/hour

Date: 5/25/2017

Roseville Community Schools – July 1, 2017

Terms and Conditions – Westport Insurance Corp.

1. Specific coverage includes Medical and Rx.
2. Contract basis is Incurred in 12 Paid in 12 OR Incurred in 15 Paid in 12.
3. This quote is Illustrative and will require updated paid and large claims information closer to the effective date. Medical and Rx experience must be included if Rx is covered under Stop Loss.
4. Terms are subject to potential change based on evaluation of disclosure information.
5. Medical review of large/ongoing claims has not been completed and will be necessary if this quote is being considered.
6. Proposal is based on the current plan design(s) using the Cofinity Advantage PPO network.
7. Retirees are not covered.
8. Organ transplant coverage is included subject to underlying plan provisions.
9. This proposal is subject to information on claims under assessment by an Independent Review Organization (IRO).
10. This proposal is based on standard policy provisions, limitations and exclusions contained in the issuing carrier's stop loss policy as well as the qualifications and contingencies specified in supplemental correspondence developed by the carrier.
11. The proposed rates and factors are based upon the data supplied in the request for proposal and does not constitute an offer to bind coverage. Any inaccuracy or misrepresentation in the data or any material change in the plan design or census data supplied can necessitate a recalculation of the rates and factors, or cause a claim to be reevaluated, denied or void coverage retroactive to the effective date of the policy.
12. Coverage ceases upon termination of the administrator, placement of an insured policy or at the end of the policy period. Specific coverage may be elected by itself. Aggregate coverage must be accompanied by Specific coverage.
13. This proposal is subject to review and acceptance of the employer's signed plan document (within 60 days of the effective date) confirming that all plan document provisions associated with this proposal have been met. Please review your plan document as reimbursements will be limited to the lesser of the benefit maximum reflected in the plan document or the Maximum Reimbursement amount reflected in this proposal.
14. This proposal assumes a minimum of 75% participation of all eligible employees as stated in the plan document. Should the 75% minimum participation or the current eligibility differ in any way, verification will be needed and this offer may be re-evaluated.

Roseville Community Schools
Westport Conditions
Page 2

15. This proposal assumes that Medicare is primary for retirees age 65 and over. If Medicare is not primary, the carrier reserves the right to reevaluate the terms of this proposal.
16. This proposal is subject to receipt, review and approval of updated claim information to include paid, pended, denied, held and suspended reports. In addition, diagnosis, current and future treatment plan, and prognosis are required for known or expected shock claimants.
17. This proposal is subject to information on any individual who previously exhausted the employer benefit plan lifetime maximum who will be reinstated because the lifetime maximum cap has been eliminated. Disclosure of information must include any dependent under age 26 being added who was previously deemed not eligible under the employer benefit plan and whose claims could potentially exceed 50% of the specific deductible.
18. Quoted rates are Net of Commission.

Westport Insurance Corporation
Stop Loss Proposal

Name of Group	Roseville Community Schools Roseville, MI	Proposal	05/24/2017		
Producer	Automated Benefit Services	Effective	07/01/2017	Expiration	06/30/2018
Administrator	Automated Benefit Services				
Underwriter	Larry Volpe (847) 273-1261				

SPECIFIC STOP LOSS

Includes Medical, Rx Card Coverage(s) Advance Reimbursement: Yes

		<u>Option 1</u>		<u>Option 2</u>		<u>Option 3</u>		<u>Option 4</u>
Specific Deductible	\$	170,000	\$	175,000	\$	170,000	\$	175,000
Contract Type		12/12		12/12		15/12		15/12
Commission Level		0.00%		0.00%		0.00%		0.00%
Quoted Rate Per Month								
	Enrollment							
Single	97	\$ 63.37	\$	62.23	\$	70.54	\$	69.48
Family	236	\$ 167.11	\$	164.76	\$	186.01	\$	183.93
Estimated Annual Premium	\$	547,018	\$	539,036	\$	608,889	\$	601,764
Maximum Annual Reimbursement		Unlimited		Unlimited		Unlimited		Unlimited
Maximum Lifetime Reimbursement		Unlimited		Unlimited		Unlimited		Unlimited

OVERALL COST SUMMARY

		<u>Option 1</u>		<u>Option 2</u>		<u>Option 3</u>		<u>Option 4</u>
Total Specific Premium	\$	547,018	\$	539,036	\$	608,889	\$	601,764
Total Aggregate Premium	\$	0	\$	0	\$	0	\$	0
Total Fixed Cost	\$	547,018	\$	539,036	\$	608,889	\$	601,764
Variable Costs	\$	0	\$	0	\$	0	\$	0
Self Funded Liability	\$	0	\$	0	\$	0	\$	0
Maximum Total Liability	\$	547,018	\$	539,036	\$	608,889	\$	601,764

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

This Proposal is based on standard policy provisions, limitations and exclusions contained in the issuing carrier's stop loss policy as well as the qualifications and contingencies specified in supplemental correspondence developed by Swiss Re Corporate Solutions.

The proposed rates and factors are based upon the data supplied in the request for proposal and does not constitute an offer to bind coverage. Any inaccuracy or misrepresentation in the data or any material change in the plan design or census data supplied can necessitate a recalculation of the rates and factors, or cause a claim to be reevaluated, denied or void coverage retroactive to the effective date of the policy.

Applicant, its agent and/or administrator does not have the authority to bind or modify the terms of this stop loss coverage proposal.

Swiss Re Corporate Solutions and Westport Insurance Corporation may pay the selling broker or Third Party Administrator compensation for the promotion and sale of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash and/or non-cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels and volume of business. We encourage brokers and their clients to discuss what commissions may be paid in connection with the purchase of products and services from Westport Insurance Corporation .

Coverage ceases upon termination of the administrator, placement of an insured policy or at the end of the policy period. Specific coverage may be elected by itself. Aggregate coverage must be accompanied by Specific coverage.

This proposal is subject to review and acceptance of the employer's signed plan document (within 60 days of the effective date) confirming that all plan document provisions associated with this proposal have been met. Please review your plan document as reimbursements will be limited to the lesser of the benefit maximum reflected in the plan document or the Maximum Reimbursement amount reflected in this proposal.

This proposal assumes a minimum of 75% participation of all eligible employees as stated in the plan document. Should the 75% minimum participation or the current eligibility differ in any way, verification will be needed and this offer may be re-evaluated

This proposal assumes that Medicare is primary for retirees age 65 and over. If Medicare is not primary, we reserve the right to reevaluate the terms of this proposal.

This proposal is subject to receipt, review and approval of updated claim information to include paid, pending, denied, held and suspended reports. In addition, diagnosis, current and future treatment plan, and prognosis is required for known or expected shock claimants.

This proposal is subject to information on any individual who previously exhausted the employer benefit plan lifetime maximum who will be reinstated because the lifetime maximum cap has been eliminated. Disclosure of information must include any dependent under age 26 being added who was previously deemed not eligible under the employer benefit plan and whose claims could potentially exceed 50% of the specific deductible.

This proposal is subject to information on claims under assessment by an Independent Review Organization (IRO).

Retirees are not covered.

Organ Transplant coverage is included subject to underlying plan provisions.

This proposal is subject to the condition that the appropriate licensed individual insurance producer or agency or both (as required by the law of the state in which a policy would be delivered) is appointed by us prior to the effective date of the quoted policy.

Quote assumes the following plan design:

PPO: Cofinity Advantage

	Plan 1	
	In-Net	Out-Net
Deductible	\$2,500	\$5,000
Coinsurance	80%	60%
Maximum Out-of-Pocket	\$6,350	\$12,700
Plan Description	Current Plan	

ADDITIONAL QUALIFICATIONS

This quote is ILLUSTRATIVE and will require updated paid and large claims information closer to the effective date. Medical and Rx experience must be included if Rx is covered under Stop Loss.

Terms are subject to potential change based on evaluation of disclosure information.

Medical Review of large/ongoing claims has not been completed and will be necessary if Swiss Re Corporate Solutions' quote is being considered.

Proposal is based on the current plan design(s) using the Cofinity PPO network.



Roseville Community Schools
Effective: 7/1/2017

Single: 164
 Family: 169
 Total: 333

STOP LOSS CARRIER	OPTION A COMPANION PLANS (1-2)	OPTION B COMPANION PLANS (1-2)	OPTION C COMPANION PLANS (1-2)	OPTION A COMPANION PLANS (1-2)	OPTION B COMPANION PLANS (1-2)	OPTION C COMPANION PLANS (1-2)	
ANNUAL SPECIFIC STOP LOSS PREMIUM	\$300,219.48	\$358,001.64	\$274,165.56	\$326,593.08	\$251,348.40	\$299,100.60	
Specific Deductible	\$170,000	\$170,000	\$185,000	\$185,000	\$200,000	\$200,000	
Single Specific Premium Rate	\$75.13	\$89.59	\$68.61	\$81.73	\$62.90	\$74.85	
Family Specific Premium Rate	\$75.13	\$89.59	\$68.61	\$81.73	\$62.90	\$74.85	
Specific Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX	
Contract Accumulation Type	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	
Specific Contract Type	12/12	15/12	12/12	15/12	12/12	15/12	
ANNUAL AGGREGATE STOP LOSS PREMIUM	\$38,521.44	\$44,395.56	\$40,679.28	\$46,913.04	\$42,837.12	\$49,390.56	
Aggregate Premium Rate	\$9.64	\$11.11	\$10.18	\$11.74	\$10.72	\$12.36	
Single Aggregate Factor	\$1,257.29	\$1,449.58	\$1,263.40	\$1,456.62	\$1,269.51	\$1,463.66	
Family Aggregate Factor	\$1,257.29	\$1,449.58	\$1,263.40	\$1,456.62	\$1,269.51	\$1,463.66	
Annual Expected Claims	\$4,019,304.67	\$4,634,017.34	\$4,038,837.12	\$4,656,522.82	\$4,058,369.57	\$4,679,028.29	
Annual Aggregate Attachment Point	\$5,024,130.84	\$5,792,521.68	\$5,048,546.40	\$5,820,653.52	\$5,072,961.96	\$5,848,785.36	
Aggregate Stop Loss Benefits Covered	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX	MED/RX	
Aggregate Contract Type	12/12	15/12	12/12	15/12	12/12	15/12	
Run-In Limit	\$0	\$868,878	N/A	\$873,097	N/A	\$877,319	
ANNUAL SERVICE FEES	\$139,260.60	\$130,869.00	\$142,257.60	\$134,665.20	\$145,054.80	\$137,862.00	
Medical/Rx/PPO/UR/Case Mgmt/Postage Administration	\$34.85	\$32.75	\$35.60	\$33.70	\$36.30	\$34.50	

SUMMARY

TOTAL ESTIMATED ANNUAL FIXED COSTS	\$478,001.52	\$533,266.20	\$457,102.44	\$508,171.32	\$439,240.32	\$486,353.16	
Percent Change in Fixed Costs	-17.9%	-8.4%	-21.5%	-12.7%	-24.5%	-16.4%	
TOTAL ESTIMATED ANNUAL EXPECTED COSTS	\$4,497,306.19	\$5,167,283.54	\$4,495,939.56	\$5,164,694.14	\$4,497,609.89	\$5,165,381.45	
TOTAL ESTIMATED ANNUAL MAXIMUM COSTS	\$5,502,132.36	\$6,325,787.88	\$5,505,648.84	\$6,328,824.84	\$5,512,202.28	\$6,335,138.52	

STOP LOSS COVERAGE REQUIREMENTS AND OPTIONS

- Stop loss quotes assume satisfaction of the carrier's minimum requirements for eligibility, participation, benefits and plan design.
- Stop loss quotes above reflect an unlimited annual benefit maximum per covered person per year.
- Stop loss contract types such as 12/12, 15/12, 24/12 have varied financial implications to the overall proposed liability. It is recommended that the contract type considered be discussed with your agent.
- Review of claims incurred by any participant in the prior 12 months in excess of 50% of the specific deductible or that are ongoing in nature. Completion of a large claim disclosure form for review and approval is required before a firm quote can be issued.
- Stop loss quotes above are subject to receipt of updated monthly paid claims, enrollment and large claimant amounts for the current plan year through 4/30/17.
- Stop loss quotes above include Companion's no laser renewal option which guarantees no new lasers at renewal and no more than a 50% increase to the specific premium based upon duplicate contract terms.
- Subject to approval of prognosis/diagnosis for the following employees: Participant 4537.
- Stop loss quotes above 15/12 are illustrative only and subject to confirmation that the in-force carrier will be willing to provide the detailed claim data required in order to coordinate stop loss claims submission for run-in claims.

GENERAL SPECIFICATIONS

- **IMPLEMENTATION FEE: \$2,500. FEE INCLUDES DRAFT OF INITIAL SUMMARY PLAN DESCRIPTION. COSTS ASSOCIATED WITH PRINTING OF SPD BOOKLETS ARE THE RESPONSIBILITY OF THE CLIENT.**
- Disease Management/Wellness website/on-line HRA as well as postage/handling costs associated with issuance of checks/EOBs are included in the fixed costs above.
- COBRA administration is available for \$1.25 per employee per month (pepm) + ASR retains the 2% administrative fee included in the COBRA rate calculation.
- Real Time Choices administration fee is available for \$1.50 per employee per month (pepm).
- Network access fees included in the fixed costs above: HAP/Physicians Care (MI employees) = \$10.00 pepm. Network access fee not included in the fixed costs above: Multiplan/CIGNA Wrap Network = 18% of savings. Note: CIGNA wrap network is available only to Physicians Care network enrollees.
- Traditional model PBM administrative fees are included in the fixed costs above. If an alternate PBM model is chosen there may be additional administrative fees which are not representative of the total fixed costs stated above.
- Directories are available on-line at www.asrhealthbenefits.com.
- The Michigan HICA tax and PCORI fees are not included in the above proposal.
- HAP - ASR Health Benefits will not be bound by any typographical errors or omissions contained in this proposal.
- Do not cancel any current coverage until confirmation has been received from proposed carrier.
- Agent receives % of ASR's compensation plus amount listed.

Roseville Community Schools

Stone, Donald J <don_stone@uhc.com>

Tue 5/30/2017 10:34 AM

To: Mark Mueller <mueller@tmrandassoc.com>;

Mark,

Thanks for the opportunity to quote on Roseville Community Schools. Unfortunately UHC will have to decline to quote based on uncompetitive rates.

Please let me know if you have any questions.

Thanks

Don Stone
UnitedHealthcare
Account Executive-Key Accounts
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don_stone@uhc.com

Visit our new interactive website.

www.Healthcarelane.com

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Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of ROSEVILLE COMMUNITY SCHOOLS's request for a quote of group health coverage (the "Request"). We have determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should ROSEVILLE COMMUNITY SCHOOLS continue to be interested in this information.

If it is still ROSEVILLE COMMUNITY SCHOOLS's position to have Aetna provide a quote for group health coverage, please

- a) Furnish the information indicated below that has not already been provided (where available), and
- b) Sign and return this notification to Aetna as indicated below.

In order for Aetna to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
 - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24-month period.
 - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred whether a completion factor has been applied). Provide the information broken down for each unique plan offering.
 - Please identify if any of the plans are capitated. If so, indicate whether capitations are included/excluded from the claim information.
 - Large claim information for individual claims in excess of \$25,000 based on the same time period as the claims data provided.
 - **For Hospital or Health Systems only:** Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
 - **Individual Medical Questionnaires (IMQ)** (Where allowed by state) – will be required if/when monthly claim data is not available
 - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
- 5-year carrier history
- Large Claim Data: including diagnosis and claimant status information. Identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
- Current commission level
- A recent utilization report from the current carrier. This should include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services. The report should also identify the top utilized facilities
- Please provide information/reason on any required data noted as not available

ROSEVILLE COMMUNITY SCHOOLS Certification:

I understand Aetna's position on its product offerings' alignment with our request, but ROSEVILLE COMMUNITY SCHOOLS requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature

Title

Date

Please send this form back c/o Sara Schulte via email schultes@aetna.com or at 860/607-8386 via fax.