

UnitedHealthcare Stop Loss Proposal

Proposed Schedule - Excess Loss Coverage
 United HealthCare Insurance Company
 Firm Offer

Group Name: <u>Dakota County</u>			
Proposal Prepared Date: <u>8/10/2023</u>		Effective Date of Proposal: <u>1/1/2024</u>	
		Expiration Date of Proposal: <u>9/24/2023</u>	
Sales Rep: <u>Gerda English</u>		Administrator of the Plan: <u>UMR</u>	
Underwriter: <u>Aaron Weight</u>		Network of Plan: <u>UnitedHealthcare Choice Plus</u>	

A. SPECIFIC (INDIVIDUAL) EXCESS LOSS COVERAGE:

Specific Deductible per covered person :	<u>\$450,000</u>	<u>\$450,000</u>
Lifetime Amount per covered person:	<u>UNLIMITED</u>	<u>UNLIMITED</u>
Contract Basis:	12/18	12/24
Monthly Premium Rates:	<u># Units</u>	
Single	<u>809</u>	<u>\$27.53</u> <u>\$28.85</u>
Single + 1	<u>394</u>	<u>\$55.06</u> <u>\$57.70</u>
Family	<u>639</u>	<u>\$82.59</u> <u>\$86.54</u>
Composite	<u>1,842</u>	<u>\$52.52</u> <u>\$55.03</u>
Annual	<u>\$1,160,880</u>	<u>\$1,216,465</u>

Run-in limit per person:	<u>N/A</u>	<u>N/A</u>
Covered Benefits under Specific:	<u>Medical</u> Yes	<u>RX</u> Yes

- Step-Down Deductible - with pre-qualified service at an OptumHealth Transplant Centers of Excellence Network Facility a 15% step down may apply/see page 2.
- Common Accident Provision included at no cost. (Not available in Wisconsin due to state regulation.)
- Specific Accommodation Reimbursement (12 months) is included at no cost.
- UHC Stop Loss Pays as UMR Pays - Enhanced Accelerated Reimbursement see page 2.
- Independent Review Organization Coverage for Claim Appeals see page 2.
- Optional Stop Loss Experience Refund Endorsement is not included and is available for an additional fee (not available with Aggregating Specific)

B. AGGREGATE EXCESS LOSS COVERAGE:

ASL Level:	125%	125%
Contract Basis:	12/18	12/24
Monthly Aggregate Factors:	<u># Units</u>	
Single	<u>809</u>	<u>\$1,146.72</u> <u>\$1,145.07</u>
Single + 1	<u>394</u>	<u>\$2,293.43</u> <u>\$2,290.14</u>
Family	<u>639</u>	<u>\$3,440.15</u> <u>\$3,435.21</u>
Composite	<u>1,842</u>	<u>\$2,187.60</u> <u>\$2,184.46</u>
Annual	<u>\$48,354,744</u>	<u>\$48,285,263</u>

Aggregate Run-In Limits:	<u>N/A</u>	<u>N/A</u>
Covered Benefits under Aggregate:	<u>Yes</u> <u>Medical</u>	<u>Yes</u> <u>Rx Card</u>
Aggregate Premium:	<u>\$1.93</u>	<u>\$2.27</u>
Annual Premium	<u>\$42,661</u>	<u>\$50,176</u>
Optional Aggregate Accommodation:	<u>N/A</u>	<u>N/A</u>
Optional Aggregate Terminal Liability:	<u>N/A</u>	<u>N/A</u>
Minimum Annual Aggregate Attachment Point:	<u>Greater of quoted attachment point or 95% 1st month's enrollment x 12 x monthly aggregate factors.</u>	
Company's Limit of Liability (Reimbursement Limit) 100% of payments in excess of the Annual Aggregate Attachment Point to a maximum of \$1,000,000.00.		

If Dakota County elects OptumRx through a UMR contract and have for the proposed policy year adopted at least the following cost management programs for all benefit plans through OptumRx; Prior Authorization, Quantity Limits and Specialty Drug, UHC Stop Loss will provide a discount of 2% to the current aggregate factors. At a minimum all three of these programs must be elected. If these programs were in place through OptumRx during the previous policy period the discount does not apply – they must be newly adopted for the proposed policy period.

C. COMMISSIONS: 0.0%

D. PROPOSAL QUALIFICATIONS are shown on page 2.

UnitedHealthcare Stop Loss Proposal

Proposal Qualifications

Group Name: Dakota County

Other Qualifications

Step-Down Deductible Requirement

This quote assumes acceptance of the OptumHealth Care Solution network, access includes the Centers of Excellence Networks. With a pre-qualified service at an OptumHealth Transplant Center of Excellence Network Facility, the covered person's specific deductible will be reduced by 15% during the policy period the benefit is paid by the Plan. Not applicable to lasered individuals.

UHC Stop Loss Pays as UMR Pays - Enhanced Accelerated Reimbursement.

Accelerated Reimbursement is a process in which the stop loss carrier will expedite the eligible claim reimbursement to a group when an individual exceeds the Individual Specific Deductible and Aggregating Specific Deductible, if applicable. Claim requests are paid prior to any audits. In the case of any overpayment steps will be taken to recover.

Independent Review Organization - Claim Appeals

- Claim appeals approved by an Independent Review Organization (IRO) as provided in the Patient Protection and Affordable Care Act (PPACA) will be reimbursed according to the terms and conditions of the Excess Loss Policy.

Proposal Qualifications

- Retirees Covered under Individual Stop Loss Only - Pre 65
- Retirees Excluded under Individual Stop Loss and Aggregate Stop Loss - Post 65
- Underwriting reserves the right to change the terms and/or the conditions of coverage when the participation varies by more than 10% and/or whenever plan or network changes occur.
- 75% minimum participation is required unless specifically approved by underwriting.
- Plan needs to include Utilization Management, Complex Condition CARE, precertification and transplant network - Without these products the specific rates may increase.
- Stop-loss coverage is for non-occupational injuries and illnesses.
- Government surcharges, pool charges, covered lives assessments, and PPO access fees are not covered by the Excess Loss Policy.

Plan Assumptions

- Assumes continuation of the current plan design, unless otherwise noted, using the network indicated on page 1.

Disclosure Qualifications

- All claimants reported in the request for proposal as being "deceased", "terminated", "waived", and "not covered" are excluded from stop-loss coverage. If UHC Stop Loss later learns of any material inaccuracy in such information, or failure or refusal to disclose any such information, including all claims or possible claims which you would know about, we may reject a claim to which such information applies, reject the application change the terms, conditions, premiums or void coverage.

PLEASE CIRCLE SELECTED OPTION on page 1. Client Signature is required : _____

Date: _____