

EXHIBIT "A"

UnitedHealthcare - BP Proposal

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

Group Name: City of Joplin
Original Proposal Prepared: 9/30/2020
Revision Date:
Underwriter: Lisa Leighton
Effective Date of Proposal: 1/1/2021
Expiration Date of Proposal: 10/23/2020
Administrator of the Plan: UMR
Network of Plan: UnitedHealthcare Choice Plus

A. SPECIFIC (INDIVIDUAL) EXCESS LOSS COVERAGE:

Specific Deductible per covered person : \$150,000

Lifetime Amount per covered person: UNLIMITED

Contract Basis: 15/12

Table with 3 columns: Monthly Premium Rates, # Units, and Amount. Rows include Single, Family, Composite, and Annual rates.

Run-in limit per person: \$75,000

Covered Benefits under Specific: Medical Yes, RX Yes

- x 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.
x Common Accident Provision included at no cost. (Not available in Wisconsin due to state regulation.)
x Specific Accommodation Reimbursement (12 months) is included at no cost.
x UHC-BP Pays as UMR Pays - Enhanced Accelerated Reimbursement see page 2.
x Independent Review Organization Coverage for Claim Appeals see page 2.
x Optional Stop Loss Experience Refund Endorsement is available for an additional fee (not available with Aggregating Specific)

B. AGGREGATE EXCESS LOSS COVERAGE: N/A

C. COMMISSIONS: 0%

D. PROPOSAL QUALIFICATIONS are shown on page 2.

# UnitedHealthcare - BP Proposal

## Proposal Qualifications

Group Name: City of Joplin

### 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-BP 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 - Pre 65

Retirees Covered - Post 65

Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.

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 review, large case management, 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.

Actively at work provision for employee and non-confinement provision for dependent(s) waived subject to disclosure.

### Plan Assumptions

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

### Disclosure Qualifications - (Disclosure Form will be provided)

All claimants reported in the request for proposal as being "deceased", "terminated", "waived", and "not covered" are excluded from stop-loss coverage.

Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.

If we later learn 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: \_\_\_\_\_