

SYMETRA FINANCIAL AGGREGATING SPECIFIC OPTION

Name: Sumter County Board of Commissioners

SELF FUNDING LIMIT:

In exchange for a reduced Specific Stop Loss Premium, the employer hereby agrees to assume the Self Funded Liability noted below.

SPECIFIC RATES UNDER THIS FUNDING ARRANGEMENT WILL BE AS FOLLOWS:

Effective Date: **10/01/2009**
 Contract Type: **Paid**
 # of Single: 415
 # of Family: 450

Specific Deductible	Annual Premium	Single Rate	Family Rate	Self Funded Liability
\$75,000	✘ \$721,878✘	\$41.43	\$95.47	\$181,000 ✓
\$85,000	\$634,288	\$36.02	\$84.24	\$159,000 ✓
\$100,000	\$534,007	\$30.37	\$70.89	\$133,000

CONDITIONS:

Under the Specific Stop Loss Benefit, no payment will be due until the total claims paid by the employer exceeds the Self Funded Liability. After the Self Funded Liability has been fulfilled, 100% of eligible claims up to a maximum of \$5,000,000 per person, less the Specific Deductible for that person, shall be reimbursed by Symetra Financial.

Specific premium is payable monthly unless otherwise agreed to in advance.

Commissions Payable on Individual Premium: 10.00%

This quotation is based on standard policy provisions, limitations and exclusions and is subject to change upon receipt of final enrollment, a completed Disclosure Statement, and any other conditions.

The Proposed Premium is based on the data submitted. Any inaccuracy in the data or any material change in the plan design or census prior to or on the actual effective date will necessitate recalculation of premiums. This proposal is valid for fifteen days following the proposed effective date of coverage.

Symetra Life Insurance Company

777 108th Ave NE, Suite 1200

Bellevue, WA 98004-5135

Proposal for Insurance

General Information

Employer's Name:	Sumter County Board of Commissioners
City, State, Zip	Bushnell, Florida 33513
Third Party Administrator:	Blue Cross of Florida
Proposed Effective Date:	October 01, 2009
Coverage Period:	October 01, 2009 through September 30, 2010
Best's Rating*:	A

Prepared By:

Head, Murphy

Date: August 26, 2009

* An 'A' rating (Excellent) from A.M. Best Company is the third highest of 16 possible ratings. This rating reflects claims paying ability but is not a guarantee of future performance.

Offer expires if not accepted by October 01, 2009.

Individual Excess Loss Insurance

Reimbursement Percentage:	100%	Lifetime Maximum (per person): \$5,000,000				
Covered Expenses:	Medical Services excluding all Prescription Drugs					
Commissions Payable on Individual Premium:	10.00%					
Individual (Specific) Deductible:	\$75,000	\$85,000	\$100,000			
Claims Basis:	PAID					
Enroll/Rates (Composite):	865	\$86.98	865	\$76.64	865	\$64.26
Single	415	\$51.82	415	\$45.49	415	\$37.93
Family	450	\$119.41	450	\$105.36	450	\$88.54
Estimated Total Premium:	\$902,877.60		\$795,484.20		\$667,007.40	

Aggregate Excess Loss Insurance

Reimbursement Percentage:	100%	Maximum Reimbursement: \$1,000,000
Covered Expenses:	As defined below	
Aggregate Corridor (Margin):	125%	
Commissions Payable on Aggregate Premium:	10.00%	

Medical Services excluding all Prescription Drugs

Enroll/Monthly Factors (Composite):	865	\$667.09	865	\$676.39	865	\$687.54
Single	415	\$354.99	415	\$359.94	415	\$365.87
Family	450	\$954.92	450	\$968.24	450	\$984.19
Estimated Minimum Agg Deductible:	\$6,924,394		\$7,020,928		\$7,136,665	

Total Aggregate Attachment & Premium

Medical Services excluding all Prescription Drugs

Individual (Specific) Deductible:	\$75,000	\$85,000	\$100,000
Claims Basis:	PAID		
Total Expected Claims:	\$5,539,515	\$5,616,743	\$5,709,332
Estimated Minimum Agg Deductible:	\$6,924,394	\$7,020,928	\$7,136,665
Premium Rate PEPM:	\$2.09	\$2.19	\$2.34
Estimated Total Premium:	\$21,694.20	\$22,732.20	\$24,289.20

Total Fixed Cost

Monthly Premium Rate per Emp	\$89.07	\$78.83	\$66.60
Est Total Premium	\$924,571.80	\$818,216.40	\$691,296.60

Conditions and Limitations

The terms of this offer are tentative and may change based on the receipt and review of the following information by Symetra Life Insurance Company. All requested information must be received within 15 days from the renewal effective date, otherwise we reserve the right to withdraw the proposed renewal terms and return any premiums remitted.

- Current census of actual enrollment. Terms are subject to change if final enrollment varies by more than 25% from renewal assumptions. Census must be received at least 14 days prior to the effective date.
- Renewal offer assumes all shock claims information including diagnosis/prognosis and information on any known serious diagnosis/potential large claim, has been disclosed, even if not yet paid.
- **Additional Contingencies:**
- Written verification of the coverages (Medical, Prescription, Dental, etc.) included in the experience provided in the request for proposal.

This offer is made subject to the following:

- This renewal offer is based upon the current schedule of benefits as defined in the most recent approved Plan Document and supplemental amendments. Any plan changes that are proposed at renewal and implemented, will need a Plan Document amendment submitted to Symetra within 60 days prior to the renewal date to be effective as of the renewal date. Otherwise, the amendment will be effective as of the date the amendment is received by Symetra.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the Excess Loss Policy.
- Network Fees are ineligible expenses under Individual and Aggregate unless specifically addressed in the Conditions and Limitations section of this quote.
- Symetra reserves the right to reprice this proposal if the TPA claim backlog exceeds two weeks.
- Symetra standard policy provisions, limitations and exclusions apply. In the event of early termination (mid policy period), Symetra will not provide coverage for run-out (e.g. 12/15) claims following the termination date.
- The agent/broker is properly licensed and appointed with the carrier identified above for which business is written.
- The agent/broker does not have the authority to bind or modify the terms of this offer without the prior approval of Symetra Life Insurance Company.
- Appointment of the Third Party Administrator.
- Eligibility is assumed to all full time employees working 30 hours or more per week at their normal place of business; if the actual is less we reserve the right to re-price or withdraw our proposal.
- COBRA participants can not exceed 10% of the enrolled group.
- Retiree participation is not to exceed 20%. These rates and factors reflect the assumption that all retirees over the age of 65 are Medicare Primary.
- Plan must have utilization review and medical case management.
- Additional Comments:

*Aggregate is based upon proposed plan of benefits.

Quick Facts about this Proposal

Presented To
Sumter County BOCC

Bushnell, FL 33513
SIC Code: 9111

Presented by

Sun Life Financial
1715 No. Westshore Blvd.
Westshore Center - Suite 450
Tampa, FL 33607
Tel: 813-281-1700
Fax: 813-281-1701

Benefits Quoted
Aggregate Stop-Loss and Specific Stop-Loss

Proposed Effective Date
October 1, 2009

Things to Know

- This quote shows a summary of proposed benefits, rates and underlying assumptions. It is not part of the group policy or a legal contract with Sun Life Financial or its affiliated companies.
- This proposal is valid for 60 days from August 27, 2009 and only for the proposed Effective Date.
- The rates shown are subject to recalculation pending final enrollment, census data and review of any additional data requested in the proposal. Please review the assumptions for information about how the rates were derived.

Producer Licensing

All Sun Life Financial companies (SLF) require all producers using insurance quotes issued by the company for the purpose of soliciting, selling or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale or negotiation of insurance, including but not limited to, solicitation, sale or negotiation conducted in person, by telephone, by email, by fax or otherwise.

Producer Compensation

All Sun Life Financial companies (SLF) may pay the selling broker, agency, or third party administrator compensation for the promotion, sale and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional 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 commission or other compensation may be paid in connection with the purchase of products and services from the company.

This proposal is based on employee census information provided. Acceptance of the group and final rates will be determined in the Home Office based on actual enrollment and case experience if required. Terms and conditions of any coverage under the policy will be determined by all necessary final data and by underwriting rules, minimum participation requirements and policy provisions in effect on the date coverage begins.



Stop-Loss Benefit Highlights

We are pleased to offer Medical Stop-Loss insurance to employers, with a full range of services and features. Here are some highlights of our Medical Stop-Loss coverage:

- **Money-Saving Resources:** All customers receive access to SunResourcesSM, our cost-containment program. Through SunResources, we become an extension of our customer's team, bringing our expert assistance and access to money-saving resources. We can help lower the cost of health care claims, even those that haven't reached the Specific Stop-Loss deductible yet.
- **Comprehensive Contract:** Our comprehensive Stop-Loss contract covers a variety of managed care fees, off-label drug use, alternative care, state assessments, and state-mandated hospital surcharges. These reimbursable expenses can help lower the total cost of self-funding.
- **Risk Retention:** We retain 99.5% of the Specific risk and 100% of the Aggregate risk for our Stop-Loss policies. This means we are able to provide fast, final decisions to customers' underwriting and claim requests, without needing a reinsurer's approval.
- **Flexibility:** We offer a full range of plan designs to meet any budget with a range of deductibles and run-in and run-out options.
- **No New Lasers at Renewal:** We offer our No New Lasers at Renewal Option, which eliminates the potential for additional lasers at renewal. When purchased, this option also includes our Renewal Rate Increase Cap, which makes our customers' renewals even more predictable and stable.
- **Gapless Renewals:** Claims that would otherwise go uncovered between policy years can be caught with our Gapless Renewals option. Customers may purchase this option to add coverage for claims that don't fall into the normal run-out pattern.
- **No Rediscovery at Renewal:** We don't require customers to perform a large claims disclosure again at renewal.
- **Clinical Trials Benefit:** Customers may elect to add optional Clinical Trials coverage to their policy.
- **Customized Protection:** Customers can tailor their coverage with our Aggregating Specific deductible and Monthly Aggregate Accommodation benefit.
- **Outstanding Claims Service:** We are pleased to provide a high standard of customer service, with an average 15 business-day turnaround time for complete Specific claim requests. For even faster access to claim reimbursements, we offer direct deposit and Simultaneous Reimbursement upon request.

Stop-Loss Rates

Plan 1

NO NEW LASER AT RENEWAL OPTION

Proposed TPA: BLUE CROSS/BLUE SHIELD OF FL

Proposed Network: BCBS Florida

Specific Stop – Loss Insurance			
Effective Date: 10/01/2009	Commission: 10.00%	SIC:	9111
Policy Year End Date: 09/30/2010			
Covered Benefits:	Medical excluding Prescription Drug Plan		
Lifetime Maximum: \$5,000,000 minus the Specific Deductible			
Agg Spec Deductible:	\$50,000		
Claim Basis:	24/12		
Specific Deductible:	\$75,000		
Employee Tier / Lives			
EE Only	415	\$55.83	
EE & Family	450	\$128.59	
Monthly Premium:	\$81,035		
Policy Year Premium:	\$972,419		

Aggregate Stop – Loss Insurance			
Effective Date 10/01/2009	Commission: 5.00%	SIC:	9111
Policy Year End Date: 09/30/2010			
Maximum Aggregate Benefit: \$1,000,000	Corridor: 120%		
Claim Basis:	24/12		
Internal Maximum:	\$75,000		
Employee Tier / Lives			
Medical			
EE Only	415	\$602.14	
EE & Family	450	\$602.14	
% Minimum Attachment Point:	100.00%		
Aggregate Premium			
Monthly Rate Per Employee:	\$2.80		
Policy Year Premium:	\$29,036		

Policy Year Cost Summary	
Specific Deductible:	\$75,000
Internal Maximum:	\$75,000
Total Premium:	\$1,001,455
Aggregate Attachment Point:	\$6,250,213
Maximum Exposure:	\$7,251,668

Included in this Plan

- Managed care discount for: Pre-Certification, Utilization Review, Medical Case Management.
- Retirees included for Specific coverage
- Retirees included for Aggregate coverage

Additional Options:

- Additional discounts on the Specific rates have been applied for the following:
 - Pregnancy Management
 - Neonatal Network
 - Disease Management
- If these programs are not in place by the effective date, rates will be increased 2% for each program.
- A discount may be available with the purchase of Group Life and/or LTD

Plan 2

NO NEW LASER AT RENEWAL OPTION

Proposed TPA: BLUE CROSS/BLUE SHIELD OF FL

Proposed Network: BCBS Florida

Specific Stop – Loss Insurance			
Effective Date: 10/01/2009	Commission: 10.00%	SIC:	9111
Policy Year End Date: 09/30/2010			
Covered Benefits:	Medical excluding Prescription Drug Plan		
Lifetime Maximum: \$5,000,000 minus the Specific Deductible			
Agg Spec Deductible:	\$0		
Claim Basis:	24/12		
Specific Deductible:	\$85,000	\$100,000	
Employee Tier / Lives			
EE Only	415	\$53.34	\$47.04
EE & Family	450	\$124.74	\$111.28
Monthly Premium:	\$78,269	\$69,598	
Policy Year Premium:	\$939,229	\$835,171	

Aggregate Stop – Loss Insurance			
Effective Date 10/01/2009	Commission: 5.00%	SIC:	9111
Policy Year End Date: 09/30/2010			
Maximum Aggregate Benefit: \$1,000,000	Corridor: 120%		
Claim Basis:	24/12		
Internal Maximum:	\$85,000	\$100,000	
Employee Tier / Lives			
Medical			
EE Only	415	\$607.13	\$618.85
EE & Family	450	\$607.13	\$618.85
% Minimum Attachment Point:	100.00%		
Aggregate Premium			
Monthly Rate Per Employee:	\$3.09	\$3.52	
Policy Year Premium:	\$32,031	\$36,518	

Policy Year Cost Summary		
Specific Deductible:	\$85,000	\$100,000
Internal Maximum:	\$85,000	\$100,000
Total Premium:	\$971,260	\$871,689
Aggregate Attachment Point:	\$6,302,009	\$6,423,677
Maximum Exposure:	\$7,273,269	\$7,295,366

Included in this Plan

- Managed care discount for: Pre-Certification, Utilization Review, Medical Case Management.
- Retirees included for Specific coverage
- Retirees included for Aggregate coverage

Additional Options:

- Additional discounts on the Specific rates have been applied for the following:
 - Pregnancy Management
 - Neonatal Network
 - Disease Management
- If these programs are not in place by the effective date, rates will be increased 2% for each program.
- A discount may be available with the purchase of Group Life and/or LTD

Stop Loss Assumptions

- Quote based on current plan of benefits.
- This proposal includes Clinical Trials Option.
- Mental/nervous/drug/alcohol coverage lifetime maximum is the lesser of the Specific Deductible and the mental/nervous/drug/alcohol plan maximum
- This proposal includes the No New Laser at Renewal feature and a Renewal Rate cap of 50.00%. The Renewal Rate Cap applies to the specific stop loss rates and aggregating specific deductible (if applicable), and it assumes there are no material changes to the policyholder's plan, the stop loss policy, or the group being covered.
- This quote includes an Aggregating Specific Deductible, for Plan 1
- Standard dependent definition: employee's spouse and unmarried natural, adopted or step children, unless otherwise noted.
- This proposal assumes your plan covers only full-time and regular part-time hourly and salaried employees, unless otherwise noted.
- Final rates for Specific coverage are guaranteed for 12 months from the effective date, unless a change in risk occurs. Risk changes include: plan or policy amendments; TPA or ASO changes; network or cost-containment vendor changes; enrollment shifts greater than 15%; participation shifts in each plan option greater than 10%; or addition/deletion of a subsidiary, division, affiliate, or associated company.

Stop-Loss Contingencies

- Large claimant data has not been evaluated. Additional information may be requested and/or individual lasers may be applied.
- Rates and factors are subject to change upon receipt and review of requested data.
- Claims over \$37,500 from October 1, 2008 to September 1, 2009 with diagnosis and prognosis.
- Monthly enrollment and claims by line of coverage for the period October 1, 2008 to September 1, 2009.

Stop-Loss Sold Case Requirements

- Copy of plan document.
- Final census information through the end of the enrollment period, including age or date of birth, gender, zip codes, coverage codes, and identification of any HMO, Retiree, Cobra, and non-eligible employees.
- Special Risk Questionnaire (SRQ).
- For cases with run-in only:
 - Pending hospital expenses and known confinements that have not yet generated a bill.
 - Pre-certification billing through two-weeks prior to the effective date.
 - Outstanding claims due to subrogation, audit, contested denials or any other reason.
- For cases with 12/12 or run-outs: - Pre-certification billing through two weeks prior to the effective date.

Issuance of a contract is subject to submission of all Sold Case and Proposal Contingencies.