



# SYMETRA<sup>®</sup>

FINANCIAL

## PROPOSAL FOR GROUP EXCESS LOSS INSURANCE

**Proposal For**  
Sumter County Board of County Commissioners

**Coverage Period**  
October 1, 2010 through September 30, 2011

**Quote Expiration Date**  
October 1, 2010

**Administrator**  
Blue Cross Blue Shield of FL

**Prepared by**  
Symetra Life Insurance Company  
Head, Murphy  
Norcross, GA

**Date Prepared**  
August 25, 2010

SYMETRA<sup>®</sup>  
FINANCIAL

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Group excess loss is insured by Symetra Life Insurance Company.

## SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS

### INDIVIDUAL EXCESS LOSS COVERAGE

Coverages	Option 1	Option 2	Option 3	Option 4
	Medical	Medical	Medical	Medical
Contract Type	PAID	PAID	PAID	PAID
Annual Specific Deductible per Individual	\$ 75,000	\$ 80,000	\$ 85,000	\$ 90,000
Aggr Spec Fixed Annual Liability	\$ 205,000	\$ 190,000	\$ 175,000	\$ 165,000
Maximum Lifetime Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percentage	100%	100%	100%	100%
Quoted Rate Per Month	<u>Enrollment</u>			
Single	311 \$ 47.40	\$ 44.10	\$ 41.51	\$ 39.19
Family	342 \$ 105.31	\$ 98.26	\$ 92.76	\$ 87.83
Composite	653 \$ 77.73	\$ 72.47	\$ 68.35	\$ 64.66
Estimated Annual Premium	\$ 609,089	\$ 567,840	\$ 535,602	\$ 506,711
Quoted Rate(s) includes Commissions of	10.00%	10.00%	10.00%	10.00%

### AGGREGATE EXCESS LOSS COVERAGE

Coverages	Option 1	Option 2	Option 3	Option 4
	Medical	Medical	Medical	Medical
Contract Type	PAID	PAID	PAID	PAID
Aggregate Corridor	125%	125%	125%	125%
Limit per Individual	\$ 75,000	\$ 80,000	\$ 85,000	\$ 90,000
Maximum Annual Reimbursement	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Reimbursement Percentage	100.0%	100.0%	100.0%	100.0%
Estimated Annual Aggregate Deductible	\$ 5,230,495	\$ 5,315,056	\$ 5,386,441	\$ 5,445,092
Minimum Aggregate Deductible	\$ 5,230,495	\$ 5,315,056	\$ 5,386,441	\$ 5,445,092
Run-in Limited To	\$ 0	\$ 0	\$ 0	\$ 0
Medical				
Single	311 \$ 392.67	\$ 399.02	\$ 404.38	\$ 408.78
Family	342 \$ 917.41	\$ 932.24	\$ 944.76	\$ 955.05
Composite	653 \$ 667.50	\$ 678.29	\$ 687.40	\$ 694.88
Rate Per Month	<u>Enrollment</u>			
Composite	653 \$ 2.09	\$ 2.15	\$ 2.22	\$ 2.28
Estimated Annual Premium	\$ 16,377	\$ 16,847	\$ 17,396	\$ 17,866
Rate(s) includes Commissions of	10.00%	10.00%	10.00%	10.00%

### OVERALL COST SUMMARY

	Option 1	Option 2	Option 3	Option 4
Total Annual Fixed Costs	\$ 625,466	\$ 584,687	\$ 552,998	\$ 524,577
Variable Costs	\$ 5,230,495	\$ 5,315,056	\$ 5,386,441	\$ 5,445,092
Maximum Annual Liability	\$ 5,855,961	\$ 5,899,743	\$ 5,939,439	\$ 5,969,669

Terms of this proposal may be subject to change.

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions

## SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS

### QUALIFICATIONS AND CONTINGENCIES

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 proposed effective date, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted.

- ▢ Written verification of the coverages (Medical, Prescription, Dental, etc.) included in the experience provided in the request for proposal.
- ▢ Plan Sponsor's Plan Document. The Plan Document is due within 120 days of the proposed effective date.
- ▢ This proposal is based on the following network(s): Blue Cross of Florida
  
- ▢ Network Fees are ineligible expenses.
- ▢ In the event of early termination (mid-policy period), Symetra will not provide coverage for run-out claims.
- ▢ No producer has the authority to bind or modify the terms of this offer without the prior approval of Symetra Life Insurance Company.
- ▢ Eligibility is assumed to be all full time employees working 30 or more hours per week at their normal place of business.
- ▢ COBRA participation is limited to 10% of the enrolled group.
- ▢ Retiree participation is limited to 20%. These rates and factors reflect the assumption that all retirees over the age of 65 are Medicare Primary.
- ▢ Claims paid from any HRA or HSA are not covered.
- ▢ 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.
  
- ▢
  
- ▢ The employer will be reimbursed for covered expenses that exceed the Individual Deductible once the total amount of the Individual Advantage Deductible has been satisfied.  
Covered expenses for more than one covered unit or covered family unit may be combined to satisfy the Individual Advantage Deductible.
  
- ▢ Covered expenses that apply toward any Alternate Individual Deductibles will not apply toward the Individual Advantage Deductible.  
The Individual Advantage Deductible may not be applied towards the Aggregate Attachment Point.
  
- ▢
  
- ▢ Current census of actual enrollment. Terms are subject to change if final enrollment varies by more than 10% from proposal assumptions. Census must be received at least 14 days prior to the effective date.

Please provide confirmation regarding the monthly monitoring report for Divisions 002 and C02 that these divisions are the EMT employees who are leaving the group's plan effective 10/01/2010.