



2024-710M

## **EMPLOYER STOP LOSS PROPOSAL**

Prepared for:  
**City of Gainesville**  
**Gainesville, FL**

Producer:  
**(RSC) Gehring Group**

Underwriting Contact:  
**Chelsea Driscoll**

Marketing Contact:  
**Justin Cech**

Stop Loss Coverage Provided by:  
**Companion Life Insurance Company**

Insured: **City of Gainesville**  
 Claims Administrator: **Florida Blue**  
 Underwriter: **Chelsea Driscoll**

Proposal #: **133389**  
 Proposal Date: **07/10/2024** Valid Through: **01/11/2025**  
 Effective Date: **01/01/2025** Expiration: **12/31/2025**

**SPECIFIC STOP LOSS BENEFIT**

		<u>Option 1</u>
Covered Benefits		<b>Medical, Rx Card</b>
Contract Basis		<b>24/12</b>
Annual Specific Deductible per Individual	\$	<b>375,000</b>
Maximum Annual Reimbursement		<b>Unlimited</b>
Maximum Lifetime Reimbursement		<b>Unlimited</b>
Quoted Rate Per Month	<u>Enrollment</u>	
Composite	1,917 \$	<b>32.97</b>
Estimated Annual Premium	\$	<b>758,442</b>
Quoted Rate(s) includes Commissions of		<b>0.00%</b>
Aggregating Specific Deductible	\$	<b>100,000</b>

**OVERALL COST SUMMARY**

		<u>Option 1</u>
Total Annual Fixed Costs	\$	<b>758,442</b>
Variable Costs	\$	<b>0</b>
Maximum Annual Liability	\$	<b>858,442</b>

## PROPOSAL QUALIFICATIONS AND CONTINGENCIES

- Specific Advance is included.
- This proposal assumes duplication of the current plan design and continuing utilization of the existing Florida Blue PPO network.
- This proposal is based on covering Retirees. Medicare will be primary for retirees age 65 and older, regardless of whether or not the person has enrolled in all parts of Medicare when eligible .
- A signed plan document must be received and accepted by the Carrier within 90 days of the effective date or the stop loss policy is not valid.
- Quote is subject to receipt and evaluation of updated paid claims, pended claims, denied claims, held and/or unfunded claim details, precertification information, updated shock loss history and enrollment information through the date disclosure is signed.
- In addition to the base commission identified herein, additional compensation and/or non-cash payments may be paid and/or awarded to a licensed producer based upon achievement of certain thresholds such as premium volumes, persistency, etc.
- Aggregate terms are based upon paid claim and enrollment information through 4/30/2024 and are subject to change upon receipt and evaluation of monthly paid claims and enrollment through 9/30/2024.
- A complete 12 month aggregate report is required within 20 days of the conclusion of the prior policy period. Recalculation of aggregate factors will be required retroactive to the effective date if it is determined that the average of the last two (2) months of aggregate claims exceed the average of the first ten (10) months by 10% or more.
- Vendor fees for negotiations of any claim greater than \$15,000 are subject to carrier review. Failure to provide this data will result in claim denial of vendor fees.
- Vendor fees are limited to 25% of true savings.
- Proposal is based on a minimum of 75% participation of "net" eligible employees. "Net eligible" is total eligible employees minus those eligible employees with credible coverage elsewhere.
- This proposal is contingent upon review of LCM notes or detailed information for any claim @ 50% or potential to reach 50% of the deductible level offered and should include the full diagnosis, paid to date amount, current treatments, dates of service, date first diagnosed, prognosis, if known, and an estimate of future costs.
- For any claimant listed with diagnosis of ESRD or Renal/Kidney disease, please indicate if claimant is on dialysis, the date claimant started on dialysis, monthly cost of dialysis and the date Medicare will become primary payor.
- For any claimant on a transplant list or being evaluated for a transplant, please provide network and facility selected and case rate for transplantation if already negotiated.
- Quote assumes that any city/municipality or school district waives its rights under any state legislation and considers our bid with terms, conditions and contingencies.
- This quote assumes anyone who is Medicare Primary has all parts, including but not limited to Parts A, B and D. If this is not correct we will need to rerate or evaluate anyone who is listed as Medicare primary.
- **Office of Foreign Assets Control (OFAC) Disclosure Notice**  
This proposal, the continuation of any bound insurance, and any payments to you, to a claimant or to another third party, may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC), if we determine that any such party is on the "Specially Designated Nationals or Blocked Persons" list as maintained by OFAC.
- Underwriting reserves the right to modify coverage terms when the participation varies by more than 10% of the quoted or prior enrollment, when a new division is added or deleted from coverage, or when plan and/or network changes occur.

Initial next to the selected proposal option:

	Option 1
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

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

# ONE80 INTERMEDIARIES

## Instructions for Completing the Attached Disclosure Form

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**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of “health care operations”.** One80 Intermediaries and the Carrier (hereinafter “we” or “us”) shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

**We will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage.** The purpose of the form is to allow us to take underwriting action on all known individuals in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claim reports, disability records, payroll records, current information from administrators, insurers, utilization management companies, case management companies, managed care companies and any Agent/Broker of the Plan Sponsor. In exchange we will accept the liability for any truly unknown claimants. The attached disclosure form must be completed and signed by the appropriate parties.

Upon receipt of the completed disclosure, we will assess all data, new and previously reported, and will inform the producer in writing of any changes to the rates, factors or terms of coverage. We reserve the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan Participants may include those on short or long-term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote, *and also individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* List on the disclosure form all Plan Participants who are known to meet any of the following criteria:

1. Currently confined to a Medical Facility, or who have been pre-certified for same within the last 90 days.
2. Have received medical services during the past twelve (12) months, the cost of which exceeds to the lesser of, 50% of the lowest Specific Deductible/Retention applied for or \$50,000, and for which the bills have been received by the Claims Administrator and entered into their claims system.
3. Have been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000 during the policy period.
4. Have been diagnosed within the past 12 months with a condition represented by any of the ICD-10 codes contained in the attached list and have also incurred charges of \$5,000 or more during the same period.

**If the Plan Sponsor fails to disclose any Participant known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant’s participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.**

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## ONE80 INTERMEDIARIES Disclosure Form

Claimant	DOB	Status	Diagnosis	Prognosis	Most Recent DOS	Claims Paid in Last 12 months	Pended, Denied, and Pre-Authorized Claims During The Past 12 Months
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that it is the result of a diligent search in accordance with those instructions. *Such disclosure includes, but is not limited to, those individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* The Plan Sponsor recognizes that if the Plan Sponsor fails to disclose any Participant known to fall into one of the categories set forth in the instructions attached to this form, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant's participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.

Plan Sponsor: \_\_\_\_\_

Claims Admin: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

## **A00-B99    Certain Infectious and Parasitic Diseases**

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease

## **C00-D49    Neoplasms**

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

## **D50-D89    Diseases of the Blood and Blood-Forming Organs & Disorders involving the Immune Mechanism**

D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60-D64	Aplastic and other anemias
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions
D70-D77	Other diseases of blood and blood-forming organs
D80-D89	Certain disorders involving the immune mechanism

## **E00-E89    Endocrine, Nutritional and Metabolic Diseases**

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	Obesity and other hyper alimentation
E70-E89	Metabolic disorders

## **F01-F99    Mental, Behavioral and Neurodevelopmental Disorders**

F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3	Major Depressive Disorder, recurrent
F84.0	Autistic Disorder
F84.2	Reye's Syndrome
F84.5	Asperger's syndrome

## **G00-99    Diseases of the Nervous System**

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

## **I00-I99    Diseases of Circulatory System**

I20	Angina Pectoris
I21.09-I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60-161	Subarachnoid Hemorrhage/Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion of Precerebral/Cerebral Arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis/Aortic Aneurysm

## **J00-J99    Diseases of Respiratory System**

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Post-inflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse/Respiratory Failure

## **K00-K95    Diseases of Digestive System**

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

## **M00-M99    Diseases of Musculoskeletal System & Connective Tissue**

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis

**N00-N99 Diseases of the Genitourinary System**

N00-N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05-N07	Nephritis and Nephropathy
N08	Glomerular Disorders in diseases classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal Failure, Unspecified

**O00-O9A Pregnancy, Childbirth and the Puerperium**

O09	High Risk Pregnancy
O11	Pre-Existing Hypertension with Pre-Eclampsia
O14-O15	Pre-Eclampsia and Eclampsia
O30	Multiple Gestation
O31	Other complications specific to Multiple Gestations

**P00-P96 Certain Conditions Originating in the Perinatal Period**

P07	Disorders of newborn related to short gestation and low birth weight
P10-P15	Birth Trauma
P19	Fetal distress
P23-P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52-P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn

**Q00-Q99 Congenital Malformations, Deformations and Chromosomal Abnormalities**

Q00-Q07	Congenital malformations of the nervous system
Q20-Q26	Congenital Cardiac malformations
Q41-Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not elsewhere classified
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations

**R00-R99 Symptoms, Signs and Abnormal Clinical and Laboratory Findings, or Not Elsewhere Classified**

R07.1-R07.9	Chest Pain
R40-R40.236	Coma
R57-R58	Shock, Hemorrhage
R65.2-R65.21	Severe sepsis

**S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes**

S02	Fracture of skull and facial bones
S06	Intracranial injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12-S13	Fracture and injuries of cervical vertebra and other parts of neck
S14.0-S14.15	Injury of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels of thorax
S26	Injury of heart
S32.0-S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36-S37	Injury of intra-abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4-S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T30-T32	Burns and corrosions of multiple body regions
T81.11-T81.12	Post-procedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83-T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
T87	Complications to reattachment and amputation

**Z00-Z99 Factors Influencing Health Status and Contact with Health Services**

Z37.5-Z37.6	Multiple births
Z38.3-Z38.8	Multiple births
Z48-Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis