



Issuing Carrier **FL Blue**
 Underwriter **Ken Hockaday**
 Group **Patriot Transportation Holding Inc.**
 TPA **Blue Cross Blue Shield of South Carolina**

Proposal **10/17/2017** Proposal No **1**
 Effective **01/01/2018** Expiration **12/31/2018**

INDIVIDUAL EXCESS LOSS COVERAGE

Advance Reimbursement

Coverages	Option 1		Option 2		Option 3	
	Medical, Rx Card		Medical, Rx Card		Medical, Rx Card	
Contract Type	Paid		Paid		Paid	
Annual Specific Deductible per Individual	\$	250,000	\$	275,000	\$	250,000
except for Washington, Seleta	\$	450,000	\$	450,000	\$	450,000
Aggregating Specific Deductible	\$	77,000	\$	70,000	\$	84,500
Maximum Specific Benefit		Unlimited		Unlimited		Unlimited
Maximum Lifetime Reimbursement		Unlimited		Unlimited		Unlimited
Rate Per Month	Enrollment					
Single	351	\$ 10.49	\$ 9.71	\$ 10.06		
Family	328	\$ 44.08	\$ 39.90	\$ 42.64		
Composite	679	\$ 26.71	\$ 24.29	\$ 25.79		
Estimated Annual Premium		\$ 217,715	\$ 197,957	\$ 210,215		
Rate(s) includes Commissions of		0.00%	0.00%	0.00%		

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

The following conditions and terms are in (or assumed to be in) the Employer's Self-Insured Plan Document. This reinsurance will consider only these or less liberal terms under the Stop-Loss.

January 1, 2018 Firm Renewal. Firm quote for 1/1/18 based upon information through 9/30/17. We will need to receive a signed copy of the sold quote by 11/15/17; otherwise, the firm quote will expire and be subject to review of updated claim information and possible revision.

Our proposal assumes the use of the Florida Blue network. If this network is not used, Florida Blue reserves the right to change our rates and factors.

Individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past will need to be disclosed.

Subject to updated paid claims and enrollment through the proposed effective date. Florida Blue reserves the right to recalculate the rates and factors if the final month of claims exceed the average of the prior 10 months by 5%.

We reserve the right to change the rates and factors should the initial enrollment vary by 10% or more from the enrollment shown on our proposal.

Florida Blue will accept disclosure information 90 days or less before the effective date and no later than 15 days after the effective date.

The quotation will require additional information, and may require adjustments (including lasers), regarding any claimant with serious condition(s) that may be expected to exceed the selected retention or any claimant with expenses (paid or incurred) in excess of 50% of the retention selected.

Our quote is subject to current shock loss information including amount, diagnosis, disposition and prognosis through the proposed effective date.

Assumes current participation and contribution levels will remain constant for the proposed policy period.

Minimum participation level of 65% of all eligible employees is required.

Retirees are excluded from coverage.

COBRA participation is limited to 5% or less.

Actively-at-Work provision is waived as follows: For individuals identified and approved by Florida Blue and all other individuals covered on the Effective Date except for those individuals with serious claims known by the employer or the administrator, COBRA individuals terminated individuals pending COBRA status, or Disabled individuals who have not been disclosed to Florida Blue in writing.

Subject to approval of Plan Document.

This quote is based on the following Plan Design: Current benefit plan(s) and existing enrollment by plan.

Minimum specific/aggregate premium is 95% of the annualized premium.

In the event a plan participant receives health care services in the state of New York, which are subject to the New York Health Care Reform Act, we will cover the bad debt and charity surcharge under the stop loss agreements.

Massachusetts State surcharges are covered under both Specific and Aggregate coverages.

If the group acquires a new entity and adds those members to our policy, a disclosure statement must be presented to Florida Blue for approval. Approval must be received before Florida Blue will assume risk for the new members.

This quote includes the additional cost for the "No New Laser at Renewal" option. Under this option, we will not place a higher Specific deductible on any individual at the 1/1/19 renewal and rates and aggregating specific deductibles, if included, will not increase more than 50% assuming the specific deductible and contract type remain unchanged. The carrier has the option to offer, modify or not offer a continuation of this option with subsequent renewals.

Leave of Absence (LOA) Policy for eligible employees is: _____ Days or _____ Weeks or _____ Other and it is to be applied once per plan year per member and only after FMLA allowance is exhausted. Leave Of Absence allowance need not be used in consecutive days, but total time not actively at work during the plan year as a whole must not exceed the above outlined allowance plus the FMLA allowance.

In the absence of Leave of Absence language in the group plan document, the above will be considered as the LOA policy as it relates to Stop Loss Eligibility and continuation of coverage only. Any subsequent changes must be approved by Florida Blue at least 30 days in advance of the effective date of the change. Failure to notify Florida Blue of your company's policy changes for Leave of Absence may result in a possible Stop Loss claim denial. Upon exhaustion of LOA benefits as described above, to continue Stop Loss eligibility members must be offered COBRA as outlined in the "Continuation of Coverage Under Cobra" section in your Group Benefit Book. All other eligibility requirements beyond the LOA allowance described here are outlined in the Group Benefit Book and apply to the Stop Loss in their entirety.

Additional information will be required for the following claimants:

Initial the selected proposal option:	Option 1	Option 2	Option 3
Specific			
Aggregate	N/A	N/A	N/A

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