



# **Medical Stop Loss Proposal For Coppell, City of Coppell, TX**

**Presented by  
Summit Risk Advisors dba SA Benefit Services**

**Underwritten by  
Danielle Siering**

**Proposal: 07/18/2022**



## LIBERTY INSURANCE UNDERWRITERS INC

*Stop Loss Proposal*

Group: **Coppell, City of**  
Underwriter: **Danielle Siering**  
Producer: **Summit Risk Advisors dba SA Benefit Services**  
Administrator: **UMR**

Proposal: **07/18/2022** Proposal No **22213**  
Valid Thru: **10/15/2022**  
Effective: **10/01/2022** Expiration: **09/30/2023**

**OVERALL COST SUMMARY**

	Option 1	Option 2
Total Annual Fixed Costs	\$ 386,265	\$ 323,632
Variable Costs	\$ 4,417,378	\$ 4,516,206
Maximum Annual Liability	\$ 4,853,643	\$ 4,889,838

This proposal is subject to policy provisions, limitations, and exclusions. The TPA must be approved by Liberty Mutual prior policy issuance. The TPA is not an agent of Liberty Mutual. In the event an application for coverage is made, Broker must be licensed as of the effective date.

This proposal includes Advanced Specific Funding.

A final census must be provided as of the effective date. If enrollment/participation varies by more than 10% from the RFP census, rating may be revised. Retirees cannot make up more than 10% of the final enrolled member population.

If the policyholder acquires a new group of any size to be added to their policy, census data, experience and either a completed and signed Disclosure Statement or individual Proof of Good Health Questionnaires must be submitted for review and approval before the group can be accepted under the Stop Loss coverage.

The PPO network is United Healthcare Choice Plus. If this is not the case, an adjustment to the quoted rates and factors may be necessary.

Hospital Pre-Certification program is in place as of the effective date.

This proposal assumes duplication of benefits and plan participation. A signed Plan Document is required. A copy of the prior Plan is also required if run-in coverage has been quoted.

Capitation fees and other fees associated with the administration of the Employer's Plan are not eligible for reimbursement under the Specific or Aggregate stop loss coverage.

Retirees are covered

If your policy is administered by an ASO, the Policyholder fully understands and acknowledges that the Policyholder will be responsible for obtaining and submitting information and documentation we deem necessary for determination of risk under the Stop Loss Policy, issuance of the Stop Loss Policy, and adjudication of claim reimbursement under the Stop Loss Policy. It is expressly understood that the carrier, regardless of any understanding or Agreement with the Administrator concerning release of information, makes no assurances that necessary information will be made available. Additionally, the Policyholder's responsibilities are independent of any other agreement between the carrier and the Administrator. We shall have no duty to provide coverage or reimburse claims due to the Policyholder's failure to provide information necessary to determine risk, issue the Stop Loss Policy or adjudicate claim reimbursements under the Stop Loss Policy.

This group chose the Plan Mirroring option

Liberty Mutual assumes that a fully insured transplant carve out has been purchased by (or is in place for) this group. Therefore, charges for transplants of any kind are not eligible for reimbursement under this policy.

This proposal is based on an aggregating specific deductible option. Each claimant must satisfy the group's specific deductible. Then the employer must retain an additional risk corridor, equal to the aggregating specific deductible, prior to any specific reimbursements are paid. Claims applying to the ASD are not eligible under the Aggregate Stop Loss.

This proposal assumes Plan Mirroring of the Plan provided to, and approved by us during underwriting. We reserve the right to withdraw the Plan Mirroring endorsement from the Stop Loss Policy for any amendments or edits to the Plan that affects our risk, for claims paid at the discretion of the Plan or which are paid using any document that was not provided to us for review, underwriting, and approval in advance of a claim being paid. The inclusion of the Plan Mirroring endorsement does not constitute a guarantee that Plan benefits paid will be reimbursable under the Stop Loss Policy

The rates in this proposal are firm. LIU requires written confirmation of coverage chosen by 8/1/22. If written acceptance is not made by then then proposal is void. Please note, this expiration date supersedes the "Valid Thru" date listed on page 1 of this proposal. If requirements are not received by this date, this offer may be subject to receipt and review of updated experience and further underwriting. If the average of last two months of claims varies by more than 10% compared to the average of the prior 10 months, we reserve the right to re-underwrite and adjust the quoted factors accordingly.

Please enter the number of the proposal option selected:

Option # 1

A completed and signed disclosure statement and all required documentation must be submitted, reviewed, and approved prior to issuing an application. Claimants reported in the Disclosure must be identified no later than 20 days after the effective date.

We provide electronic versions of the Policy documents. If a paper copy is preferred please let us know.

We will not be bound by any typographical errors or omissions contained herein. We reserve the right to make corrections should clerical errors be found.