

July 6, 2020
David Gibson
Holmes Murphy & Associates, LLC
12712 Park Central Drive, Suite 100
Dallas, TX 75251

Re: Renewal of Organ & Tissue Transplant Policy

| | |
|--------------------------|-----------------|
| Policyholder: | City of Coppell |
| Policy Anniversary Date: | October 1, 2020 |
| Policy Number: | HCCLOT40056 |

Dear David,

The Organ & Tissue Transplant Policy issued to the above captioned group is approaching its anniversary date, and we are looking forward to renewing it with you.

Attached is the renewal proposal for the group. If there has been a change in the group's administrator, please report it to Tokio Marine HCC immediately, as this may alter or negate the terms of this renewal proposal. Otherwise, please respond to this letter within 15 days of the renewal date to allow us to prepare the renewal Policy in a timely manner.

Your response should include an update regarding those individuals that were originally excluded from coverage under this Policy.

In addition, please identify:

1. Any new potential transplant exposures and related medical information (clinical or case management notes - including type of transplant, date of evaluation, hospital listing and current diagnosis).
2. Any significant census changes (current and/or future).
3. Any change in the group's third party administrator.

Please forward the information requested in Items 1&2 (above) to my attention within 45 days prior to the renewal date.

Thank you very much for this opportunity to continue our relationship. Should you have any questions, please do not hesitate to call.

Sincerely,

Jim Colwell
jcolwell@tmhcc.com
Tel: (800) 447-0460

CC: Robby Kerr, Senior Vice President
Guy Finley, Regional Marketing Representative

Organ Transplant Proposal

Employer: City of Coppell
Proposal: 1020260
Producer: Holmes Murphy & Associates, LLC
Claims Admin.: UMR, Inc.
Carrier: HCC Life Insurance Company

Underwriter: Jim Colwell
Marketing Rep: Guy Finley
Quote Date: 07/01/2020
Quote Valid Until: 10/10/2020
Effective Date: 10/01/2020

Summary of Coverage

Lifetime Maximum : Unlimited

Policy Deductible: \$0

Transplant Benefit Period: Evaluation up to 365 days post transplant

Reimbursement:

- 100% of covered transplant-related costs, including organ procurement, when performed in-network.
- 80% of covered transplant-related costs up to scheduled maximum amount per transplant when performed out-of-network (see policy)

Transportation : \$300 per day, \$15,000 maximum for patient and companion. Coverage includes a separate ambulance benefit.

Transplant Indemnity Provision: In the event you obtain a Covered Transplant Procedure, we will pay \$5,000 directly to you within 60 days after receiving required proof that the Covered Transplant Procedure has occurred. We may pay benefits directly to any relative we deem appropriate if a benefit is payable and you are: 1) a minor; 2) legally incapable of giving valid receipt and discharge of payment; or 3) deceased.

Experimental : Coverage for all phases of NCI Clinical Trials

Pre-Existing Requirements : Pre-Ex is waived for current Participants (unless they are completing an established Pre-Ex Waiting Period). However, Participants added from the acquisition of a new group, affiliate, division, and/or subsidiary, are subject to a 12 month Pre-Ex Waiting Period that begins on the date the acquisition is covered under the Policy. A Pre-Existing Condition is any condition for which the Participant has within the past 24 months: been advised that a transplant may be necessary; had a transplant consultation, workup, or evaluation; been scheduled for a transplant consultation, workup, or evaluation; received or has been listed to receive a transplant; received dialysis treatments; or been diagnosed with Chronic Kidney Disease or End Stage Renal Disease. *

| | <u>Enrollment</u> | <u>Quoted Rate Per Month</u> |
|--|-------------------|------------------------------|
| Single | 179 | \$9.70 |
| Family | 204 | \$24.06 |
| Estimated Annual Premium | | \$79,734 |
| Quoted Rate(s) includes Commissions of | | 0.00 % |

* Rates and benefits are subject to state approval, and the 24 month Pre-Ex "look-back" period may vary by state.



Robby Kerr
Senior Vice President

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Proposal Qualifications and Contingencies

For All Producers / Groups

- * Explanation of any upcoming significant census changes (20%) within 30 days of effective date.
- * Contract period is for 12 months from effective date, unless otherwise stipulated.
- * This proposal contemplates the utilization of the above captioned Claims Administrator. Any deviation is a material change of fact rendering this proposal null and void.
- * Retirees are covered.
- * COBRA participants are covered.
- * No coverage of any kind is made effective by this quote transmitted. Sales Representatives, and brokers or agents, have no authority to make effective coverage, or enter into contracts on behalf of the company. Coverage will be effective only after: (1) a quotation is issued by the company; (2) a completed and signed application and disclosure is received by the company; (3) the application is approved by the company; (4) Written notice confirming effective coverage is issued by the company. This proposal supersedes all others previously issued to you, and all other Proposals and Rate Quotations previously issued to you are void.
- * Underwriting approval is required to increase the lifetime maximum.

For Non-Select Groups: In addition to the Information requested above, please provide the following:

(Attached Proposal is 'indication only' based on our Pooled Producer rates. The information requested below is to determine any variance from pooled rates in order to determine our final underwriting position.)