Dan Harlow
5949 Sherry Lane, Suite 1170
Dallas, TX 75225
(214) 453-1943
dan.harlow@amwins.com

GROUP: ***City of Mesquite***
EFFECTIVE DATE: ***January 1, 2022***

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2
CARRIER:		HM	HM	HCC	Symetra
Carrier Rating:		A	A	A++	A
TPA:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PPO Network:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
UR Vendor:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PBM:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
Specific Benefits Included:		Med + Rx	Med + Rx	Med + Rx	Med + Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:		$ 350,000	$ 350,000	$ 350,000	$ 350,000
Specific Contract:		24/12	PAID(36/12)	24/12	24/12
1133	EE Only	$ 50.96	$ 81.53	$ 76.44	$ 74.53
1133	Composite	$ 50.96	$ 81.53	$ 76.44	$ 74.53
Monthly Specific Premium		$ 57,737.68	$ 92,373.49	$ 86,606.52	$ 84,442.49
Annual Specific Premium		$ 692,852.16	$ 1,108,481.88	$ 1,039,278.24	$ 1,013,309.88
% Difference			59.99%	50.00%	46.25%
Disclosure Status			*FIRM Through 10/20*	*FIRM Through 10/20*	*FIRM Through 10/15*
Lasers				K Smith @ $1.5M	K Smith @ $1M K Smith 12/12 Contract
No New Lasers at Renewal				Included w/ 50% Rate Cap	Included w/ 60% Rate Cap

TOTAL REINSURANCE EXPENSE					
Annual Fixed Premium		$ 692,852.16	$ 1,108,481.88	$ 1,039,278.24	$ 1,013,309.88
% Difference			59.99%	50.00%	46.25%
Maximum Cost Liability		$ 692,852.16	$ 1,108,481.88	$ 1,039,278.24	$ 1,013,309.88
% Difference			59.99%	50.00%	46.25%

Commissions: **0.0%**

Dan Harlow
5949 Sherry Lane, Suite 1170
Dallas, TX 75225
(214) 453-1943
dan.harlow@amwins.com

GROUP: ***City of Mesquite***
EFFECTIVE DATE: ***January 1, 2022***

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2
CARRIER:		HM	HM	HCC	Symetra
Carrier Rating:		A	A	A++	A
TPA:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PPO Network:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
UR Vendor:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PBM:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
Specific Benefits Included:		Med + Rx	Med + Rx	Med + Rx	Med + Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:		$ 350,000	$ 375,000	$ 375,000	$ 375,000
Specific Contract:		24/12	PAID(36/12)	24/12	24/12
1133	EE Only	$ 50.96	$ 74.46	$ 69.39	$ 68.72
1133	Composite	$ 50.96	$ 74.46	$ 69.39	$ 68.72
Monthly Specific Premium		$ 57,737.68	$ 84,363.18	$ 78,618.87	$ 77,859.76
Annual Specific Premium		$ 692,852.16	$ 1,012,358.16	$ 943,426.44	$ 934,317.12
% Difference			46.11%	36.17%	34.85%
Disclosure Status			*FIRM Through 10/20*	*FIRM Through 10/20*	*FIRM Through 10/15*
Lasers				K Smith @ $1.5M	K Smith @ $1M K Smith 12/12 Contract
No New Lasers at Renewal				Included w/ 50% Rate Cap	Included w/ 60% Rate Cap

TOTAL REINSURANCE EXPENSE					
Annual Fixed Premium		$ 692,852.16	$ 1,012,358.16	$ 943,426.44	$ 934,317.12
% Difference			46.11%	36.17%	34.85%
Maximum Cost Liability		$ 692,852.16	$ 1,012,358.16	$ 943,426.44	$ 934,317.12
% Difference			46.11%	36.17%	34.85%

Commissions: **0.0%**

Dan Harlow
5949 Sherry Lane, Suite 1170
Dallas, TX 75225
(214) 453-1943
dan.harlow@amwins.com

GROUP: ***City of Mesquite***
EFFECTIVE DATE: ***January 1, 2022***

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2
CARRIER:		HM	HM	HCC	Symetra
Carrier Rating:		A	A	A++	A
TPA:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PPO Network:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
UR Vendor:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
PBM:		BCBSTX	BCBSTX	BCBSTX	BCBSTX
Specific Benefits Included:		Med + Rx	Med + Rx	Med + Rx	Med + Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:		$ 350,000	$ 400,000	$ 400,000	$ 400,000
Specific Contract:		24/12	PAID(36/12)	24/12	24/12
1133	EE Only	$ 50.96	$ 67.54	$ 63.79	$ 63.20
1133	Composite	$ 50.96	$ 67.54	$ 63.79	$ 63.20
Monthly Specific Premium		$ 57,737.68	$ 76,522.82	$ 72,274.07	$ 71,605.60
Annual Specific Premium		$ 692,852.16	$ 918,273.84	$ 867,288.84	$ 859,267.20
% Difference			32.54%	25.18%	24.02%
Disclosure Status			*FIRM Through 10/20*	*FIRM Through 10/20*	*FIRM Through 10/15*
Lasers				K Smith @ $1.5M	K Smith @ $1M K Smith 12/12 Contract
No New Lasers at Renewal				Included w/ 50% Rate Cap	Included w/ 60% Rate Cap

TOTAL REINSURANCE EXPENSE					
Annual Fixed Premium	$ 692,852.16	$ 918,273.84	$ 867,288.84	$ 859,267.20
% Difference		32.54%	25.18%	24.02%
Maximum Cost Liability	$ 692,852.16	$ 918,273.84	$ 867,288.84	$ 859,267.20
% Difference		32.54%	25.18%	24.02%

Commissions: **0.0%**