

RENEWAL RATES

REINSURANCE PROVISIONS:

REINSURANCE CARRIER:	STANDARD SECURITY
SPECIFIC DEDUCTIBLE	\$75,000
SPECIFIC CONTRACT TERMS	12/15
SPECIFIC COVERS	MEDICAL & RX
AGGREGATING SPECIFIC	\$65,000
HIGHER INDIVIDUAL SPECIFIC	\$0
AGGREGATE CONTRACT TERMS	12/12
AGGREGATE COVERS	MEDICAL & RX
AGGREGATE RUN-IN LIMIT	\$0
MIN CLAIMS ATTACHMENT POINT	\$2,481,189
TERMINAL LIABILITY OPTION	NOT INCLUDED

ON ALL ENTRUST QUOTES:

ANNUAL PLAN COST:	\$4,000.00 PER PLAN YEAR
IMPLEMENTATION/SET UP FEE:	\$0.00 ONE TIME SET UP FEE
GLOBAL ACA MGMT. PROGRAM:	\$14.00 PER ELIGIBLE FT EMPLOYEE
EASI ADMINISTRATION SYSTEM:	N/A PER ENROLLED EMPLOYEE
TRANSACTION FEE:	\$7.50 PER TRANSACTION

EMPLOYER PLAN SPONSOR RESPONSIBILITY UNDER THE ACA

PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FEE: ESTIMATED COST \$ 1,485.12
 THE FEE IS BASED ON THE AVERAGE NUMBER OF LIVES COVERED (EACH PARTICIPATING MEMBER). MAY USE GOVERNMENT ALLOWED SNAPSHOT COUNTING METHOD QUARTERLY.
 TRANSITIONAL REINSURANCE FEE: ESTIMATED COST \$ 31,416.00
 THIS FEE IS AN EMPLOYER RESPONSIBILITY WHICH MAY BE PAID THROUGH THE EMPLOYERS MAJOR MEDICAL BENEFIT PLAN; HOWEVER, NOT REQUIRED FOR PLANS PROVIDING LIMITED MINIMUM ESSENTIAL COVERAGE.

HEALTH INSURER ANNUAL FEE:

(2.5% OF INSURED PREMIUM); NOT APPLICABLE TO SELF-INSURED PLANS

ESTIMATED COSTS ABOVE ARE BASED ON DATA PROVIDED & ARE SUBJECT TO CHANGE.

PLAN FUNDING OPTIONS:

EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
100	315	310	101
\$ 119,78	\$ 234,81	\$ 214,14	\$ 214,84
\$ 597,71	\$ 1,418,32	\$ 1,418,32	\$ 1,418,32
\$ 462,59	\$ 1,097,69	\$ 1,097,69	\$ 1,097,69

PROPOSED ENROLLMENT:

FUNDING TO FIXED COST:

FUNDING TO MAXIMUM COST:

FUNDING TO EXPECTED COST:

QUOTE CONTINGENCIES:

QUOTES ARE CONTINGENT UPON UPDATED CLAIMS THROUGH THE 11TH MONTH OF THE CURRENT CONTRACT PERIOD.

QUOTES ASSUME NO PARTICIPANTS WITH POTENTIALLY HIGH RISK DIAGNOSIS AS DEFINED IN THE CARRIERS DISCLOSURE STATEMENT.

PLEASE SEE THE TERMS & CONDITIONS OF THE PROPOSAL FOR A DETAILED LISTING OF QUOTE TERMS & CONTINGENCIES.

REINSURANCE PREMIUM BREAKDOWN:

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PREMIUM BREAKDOWN:				
AGGREGATE PREMIUM	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40
AGGREGATE ADVANCE	\$ 719.93	\$ 190.99	\$ 190.99	\$ 190.99
TOTAL REINSURANCE PREMIUM:	\$ 85.33	\$ 197.39	\$ 197.39	\$ 197.39
STOP-LOSS/HANDWRITING FEE:	\$ -	\$ -	\$ -	\$ -
PREMIUM ALLOCATION:	\$ 85.33	\$ 197.39	\$ 197.39	\$ 197.39

PLAN MANAGEMENT BREAKDOWN:

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
ADMINISTRATION BREAKDOWNS:				
PLAN ADMINISTRATION:	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
PLAN COMPLIANCE:	\$ 1.95	\$ 1.95	\$ 1.95	\$ 1.95
BRONER FEE (1):	\$ 2.50	\$ 5.50	\$ 5.50	\$ 5.50
GLOBAL ACA MGMT. PROGRAM:	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00
GENERAL AGENT FEE:	\$ -	\$ -	\$ -	\$ -
PLAN MGMT. ALLOCATION:	\$ 34.45	\$ 37.45	\$ 37.45	\$ 37.45

CLAIMS EXPENSE BREAKDOWN:

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
CLAIMS EXPENSES:				
AGGREGATE FACTORS	\$ 388.02	\$ 1,011.83	\$ 1,011.83	\$ 1,011.83
PPO NETWORK ACCESS FEE	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
ASK-A-NURSE/UTILIZATION REVIEW	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
PATIENT SUPPORT SERVICES	\$ -	\$ -	\$ -	\$ -
HEALTHIESTYOU	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
MY E WELLNESS	\$ -	\$ -	\$ -	\$ -
INTERFACE EAP	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.55
GENERIC DRUG CARVEOUT (GENX)	\$ 62.16	\$ 143.90	\$ 143.90	\$ 143.90
MEDIBID	\$ -	\$ -	\$ -	\$ -
OTHER 1	\$ -	\$ -	\$ -	\$ -
OTHER 2	\$ -	\$ -	\$ -	\$ -
CLAIMS FEE:	\$ 12.95	\$ 12.95	\$ 12.95	\$ 12.95
CLAIMS EXPENSE ALLOCATION:	\$ 472.93	\$ 1,183.48	\$ 1,183.48	\$ 1,183.48

OPTIONAL AVAILABLE REINSURANCE PRODUCTS

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
OPTIONAL REINSURANCE:				
SPECIFIC TERMINAL LIABILITY:	\$ 7.89	\$ 19.10	\$ 19.10	\$ 19.10
AGGREGATE TERMINAL LIABILITY:	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
NO LASER RENEWAL GUARANTEE:	\$ 7.89	\$ 19.10	\$ 19.10	\$ 19.10
TOTAL OPTIONAL REINSURANCE:	\$ 17.79	\$ 40.20	\$ 40.20	\$ 40.20

RATES ILLUSTRATED ABOVE ARE SUBJECT TO CHANGE IF ALL THE QUOTE TERMS AND CONDITIONS ARE NOT SATISFIED.

INSURANCE PREMIUMS

WESTPORT INSURANCE	\$75,000
SPECIFIC DEDUCTIBLE	12/15
MEDICAL & RX	\$44,000
SPECIFIC CONTRACT TERMS	\$0
SPECIFIC COVERS	12/12
HIGHER INDIVIDUAL SPECIFIC	\$0
AGGREGATE CONTRACT TERMS	\$0
AGGREGATE COVERS	\$2,601,666
AGGREGATE RUN-IN LIMIT	
MIN CLAIMS ATTACHMENT POINT	
TERMINAL LIABILITY OPTION	NOT INCLUDED

ON AID FORTUITIVE BENEFITS

ANNUAL PLAN COST	\$4,000.00 PER PLAN YEAR
IMPLEMENTATION/SET UP FEE	\$0.00 ONE TIME SET UP FEE
CLAIM ADMINISTRATION SYSTEM	N/A PER ENROLLED EMPLOYEE
TRANSACTION FEE	\$7.50 PER TRANSACTION

GROUP-COVERED PLAN SPONSOR RESPONSIBILITY UNDER THE ACA

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FEE: ESTIMATED COST \$ 1,554.80
 - THIS FEE IS BASED ON THE "AVERAGE NUMBER OF LIVES COVERED" (EACH PARTICIPATING MEMBER). MAY USE GOVERNMENT ALLOWED SNAPSHOT COUNTING METHOD QUARTERLY.
 TRANSITIONAL REINSURANCE FEE: ESTIMATED COST \$ 32,090.00
 - THIS FEE IS AN EMPLOYER RESPONSIBILITY WHICH MAY BE PAID THROUGH THE EMPLOYERS MAJOR MEDICAL BENEFIT PLAN; HOWEVER, NOT REQUIRED FOR PLANS PROVIDING LIMITED MINIMUM ESSENTIAL COVERAGE.
 HEALTH INSURER ANNUAL FEE: NOT APPLICABLE TO SELF-INSURED PLANS.
 - (2.5% OF INSURED PREMIUM). NOT APPLICABLE TO SELF-INSURED PLANS.

ESTIMATED COSTS ABOVE ARE BASED ON DATA PROVIDED & ARE SUBJECT TO CHANGE.

PLAN FUNDING OPTIONS

PROPOSED ENROLLMENT:	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
100	87	33	104	
FUNDING TO MAINTAIN COST:	\$ 130,40	\$ 235,46	\$ 135,46	\$ 235,46
FUNDING TO MAINTAIN COST:	\$ 603,44	\$ 1,026,16	\$ 1,026,16	\$ 1,026,16
FUNDING TO EXPECTED COST:	\$ 807,87	\$ 1,204,50	\$ 1,204,50	\$ 1,204,50

OPTIONAL COVERAGE OPTIONS

QUOTES ARE CONTINGENT UPON UPDATED CLAIMS THROUGH THE 11TH MONTH OF THE CURRENT CONTRACT PERIOD.
 QUOTES ASSUME NO PARTICIPANTS WITH POTENTIALLY HIGH RISK DIAGNOSIS AS DEFINED IN THE CARRIERS DISCLOSURE STATEMENT.
 PLEASE SEE THE TERMS & CONDITIONS OF THE PROPOSAL FOR A DETAILED LISTING OF QUOTE TERMS & CONTINGENCIES.

REINSURANCE PREMIUM BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PREMIUM BREAKDOWN:	\$ 7.02	\$ 7.02	\$ 7.02	\$ 7.02
AGGREGATE PREMIUM:	\$ 78.93	\$ 190.99	\$ 190.99	\$ 190.99
SPECIFIC PREMIUM:	\$ 85.95	\$ 198.01	\$ 198.01	\$ 198.01
TOTAL REINSURANCE PREMIUM:	\$ -	\$ -	\$ -	\$ -
STOP LOSSES/UNDERWRITING FEE:	\$ -	\$ -	\$ -	\$ -
PREMIUM ALLOCATION:	\$ 85.95	\$ 198.01	\$ 198.01	\$ 198.01

PLAN MANAGEMENT BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
ADMINISTRATION BREAKDOWN:	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
PLAN ADMINISTRATION:	\$ 1.95	\$ 1.95	\$ 1.95	\$ 1.95
PLAN COMPLIANCE:	\$ 2.50	\$ 5.50	\$ 5.50	\$ 5.50
BROKER FEE (3):	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00
GLOBAL ACA MGMT PROGRAM:	\$ -	\$ -	\$ -	\$ -
GENERAL AGENT FEE:	\$ -	\$ -	\$ -	\$ -
PLAN MGMT. ALLOCATION:	\$ 34.45	\$ 37.45	\$ 37.45	\$ 37.45

CLAIMS EXPENSE BREAKDOWN

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
CLAIMS EXPENSE:	\$ 388.02	\$ 1,011.83	\$ 1,011.83	\$ 1,011.83
AGGREGATE FACTORS:	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
PPD NETWORK ACCESS FEE:	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
ASIS-A-NURSE/UTILIZATION REVIEW:	\$ -	\$ -	\$ -	\$ -
PATIENT SUPPORT SERVICES:	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
HEALTHQUESTYOU:	\$ -	\$ -	\$ -	\$ -
MY & WELLNESS:	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.55
INTERPACT EAP:	\$ 65.27	\$ 151.10	\$ 151.10	\$ 151.10
GENERIC DRUG CARVOUT (GENX):	\$ -	\$ -	\$ -	\$ -
MEDIBID:	\$ -	\$ -	\$ -	\$ -
OTHER 1:	\$ -	\$ -	\$ -	\$ -
OTHER 2:	\$ -	\$ -	\$ -	\$ -
CLAIMS FEE:	\$ 12.95	\$ 12.95	\$ 12.95	\$ 12.95
CLAIMS EXPENSE ALLOCATION:	\$ 403.04	\$ 1,190.68	\$ 1,190.68	\$ 1,190.68

OPTIONAL AVAILABLE INSURANCE PRODUCTS

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
OPTIONAL REINSURANCE:	\$ 2.89	\$ 19.10	\$ 19.10	\$ 19.10
SPECIFIC TERMINAL LIABILITY:	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
AGGREGATE TERMINAL LIABILITY:	\$ 7.89	\$ 19.10	\$ 19.10	\$ 19.10
NO LATER RENEWAL GUARANTEE:	\$ -	\$ -	\$ -	\$ -
TOTAL OPTIONAL REINSURANCE:	\$ 12.78	\$ 40.20	\$ 40.20	\$ 40.20

RATES ILLUSTRATED ABOVE ARE SUBJECT TO CHANGE IF ALL THE QUOTE TERMS AND CONDITIONS ARE NOT SATISFIED.

RENEWAL

REINSURANCE PROVISIONS:

REINSURANCE CARRIER:	WESTPORT INSURANCE
SPECIFIC DEDUCTIBLE	\$100,000
SPECIFIC CONTRACT TERMS	12/15
SPECIFIC COVERS	MEDICAL & RX
AGGREGATE ANNUAL LIMIT	\$0
AGGREGATE CONTRACT TERMS	\$200,000
AGGREGATE COVERS	MEDICAL & RX
AGGREGATE RUN-IN LIMIT	\$0
MIN CLAIMS ATTACHMENT POINT	\$2,203,431
TERMINAL LIABILITY OPTION	NOT INCLUDED

ON ALL ENTRUST QUOTES: NOT INCLUDED IN THE QUOTED RATES!

ANNUAL PLAN COST:	\$4,000.00 PER PLAN YEAR
IMPLEMENTATION/SET UP FEE:	\$0.00 ONE TIME SET UP FEE
GLOBAL ACA MGMT. PROGRAM:	N/A PER ELIGIBLE FT EMPLOYEE
BASI ADMINISTRATION SYSTEM:	N/A PER ENROLLED EMPLOYEE
TRANSACTION FEE:	\$7.50 PER TRANSACTION

EMPLOYER PLAN SPONSOR RESPONSIBILITY UNDER THE ACA

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FEE: ESTIMATED COST \$ 1,470.56
 - THE FEE IS BASED ON THE "AVERAGE NUMBER OF LIVES COVERED" (EACH PARTICIPATING MEMBER). MAY USE GOVERNMENT ALLOWED SNAPSHOT COUNTING METHOD QUARTERLY.

TRANSITIONAL REINSURANCE FEE: ESTIMATED COST \$ 19,069.00
 - THIS FEE IS AN EMPLOYER RESPONSIBILITY WHICH MAY BE PAID THROUGH THE EMPLOYERS MAJOR MEDICAL BENEFIT PLAN, HOWEVER, NOT REQUIRED FOR PLANS PROVIDING LIMITED MINIMUM ESSENTIAL COVERAGE.

HEALTH INSURER ANNUAL FEE:
 - (2.5% OF INSURED PREMIUM). NOT APPLICABLE TO SELF-INSURED PLANS.

ESTIMATED COSTS ABOVE ARE BASED ON DATA PROVIDED & ARE SUBJECT TO CHANGE.

PLAN FUNDING OPTIONS:

EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
94	30	34	101
\$ 119.79	\$ 243.15	\$ 243.15	\$ 343.15
\$ 558.65	\$ 1,337.82	\$ 1,337.82	\$ 1,337.82
\$ 452.64	\$ 950.55	\$ 850.02	\$ 1,357.93

QUOTE CONTINGENCIES:

QUOTES ARE CONTINGENT UPON UPDATED CLAIMS THROUGH THE 11TH MONTH OF THE CURRENT CONTRACT PERIOD.

QUOTES ASSUME NO PARTICIPANTS WITH POTENTIALLY HIGH RISK DIAGNOSIS AS DEFINED IN THE CARRIERS DISCLOSURE STATEMENT.

PLEASE SEE THE TERMS & CONDITIONS OF THE PROPOSAL FOR A DETAILED LISTING OF QUOTE TERMS & CONTINGENCIES.

REINSURANCE PREMIUM BREAKDOWN:

PREMIUM BREAKDOWN:	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
AGGREGATE PREMIUM:	\$ 6.26	\$ 6.26	\$ 6.26	\$ 6.26
AGGREGATE ADVANCE:	\$ -	\$ -	\$ -	\$ -
SPECIFIC PREMIUM:	\$ 86.08	\$ 206.44	\$ 206.44	\$ 306.44
TOTAL REINSURANCE PREMIUM:	\$ 92.34	\$ 212.70	\$ 212.70	\$ 212.70
STOP-LOSS/UNDERWRITING FEE:	\$ 2.50	\$ 5.50	\$ 5.50	\$ 5.50
PREMIUM ALLOCATION:	\$ 94.84	\$ 218.20	\$ 218.20	\$ 218.20

PLAN MANAGEMENT BREAKDOWN:

ADMINISTRATION BREAKDOWN:	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PLAN ADMINISTRATION:	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
COBRA/HIPAA/MED D:	\$ 1.95	\$ 1.95	\$ 1.95	\$ 1.95
GLOBAL ACA COMPLIANCE:	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
BROKER FEE (2%):	\$ -	\$ -	\$ -	\$ -
GENERAL AGENT FEE:	\$ -	\$ -	\$ -	\$ -
PLAN MGMT. ALLOCATION:	\$ 24.95	\$ 24.95	\$ 24.95	\$ 24.95

CLAIMS EXPENSE BREAKDOWN:

CLAIMS EXPENSES:	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
AGGREGATE FACTORS	\$ 345.84	\$ 915.82	\$ 915.82	\$ 915.82
PPO NETWORK ACCESS FEE	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
ASK-A-NURSE/UTILIZATION REVIEW	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
PATIENT SUPPORT SERVICES	\$ -	\$ -	\$ -	\$ -
HEALTHIESTYOU	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
MY E WELLNESS	\$ -	\$ -	\$ -	\$ -
INTERFACE BAP	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.55
GENERIC DRUG CARVBOUT (GENX)	\$ 65.27	\$ 151.10	\$ 151.10	\$ 151.10
MEDIHIB	\$ -	\$ -	\$ -	\$ -
OTHER 1	\$ -	\$ -	\$ -	\$ -
OTHER 2	\$ -	\$ -	\$ -	\$ -
CLAIMS FEE:	\$ 12.95	\$ 12.95	\$ 12.95	\$ 12.95
CLAIMS EXPENSE ALLOCATION:	\$ 435.55	\$ 1,094.67	\$ 1,094.67	\$ 1,094.67

OPTIONAL AVAILABLE REINSURANCE PRODUCTS

OPTIONAL REINSURANCE:	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
SPECIFIC TERMINAL LIABILITY:	\$ 8.61	\$ 20.64	\$ 20.64	\$ 20.64
AGGREGATE TERMINAL LIABILITY:	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
NO LASER RENEWAL GUARANTEE:	\$ 8.61	\$ 20.64	\$ 20.64	\$ 20.64
TOTAL OPTIONAL REINSURANCE:	\$ 19.22	\$ 43.29	\$ 43.29	\$ 43.29

RATES ILLUSTRATED ABOVE ARE SUBJECT TO CHANGE IF ALL THE QUOTE TERMS AND CONDITIONS ARE NOT SATISFIED.

SELF-FUNDED PROGRAM COST PROJECTIONS

PLAN EFFECTIVE DATE: October 1, 2017
 (Quotes based on current census data provided)

CITY OF KINGSVILLE - FINAL REQUESTED SPECIFIC OPTIONS

PLAN YEAR	2016/2017 PLAN YEAR	2017/2018 PLAN YEAR
PLAN TYPE	SELF - FUNDED	SELF - FUNDED
BENEFIT OPTION	ENTRUST, INC.	ENTRUST, INC.
INSURANCE CARRIER / TPA	ENTRUST, INC.	ENTRUST, INC.
REINSURANCE CARRIER	WESTPORT INSURANCE	WESTPORT INSURANCE
SPECIFIC DEDUCTIBLE	\$75,000	\$100,000
SPECIFIC CONTRACT TERMS	12/15	12/15
SPECIFIC COVERS	MEDICAL & RX	MEDICAL & RX
HIGHER INDIVIDUAL SPECIFIC	\$65,000	\$900,000
AGGREGATE CONTRACT TERMS	\$0	12/12
AGGREGATE COVERS	MEDICAL & RX	MEDICAL & RX
AGGREGATE RUN/IN LIMIT	\$0	\$0
MIN CLAIMS ATTACHMENT POINT	\$2,441,110	\$2,203,431
TERMINAL LIABILITY OPTION	NOT INCLUDED	NOT INCLUDED
ENROLLMENT:		
EMPLOYEE ONLY:	94	94
EMPLOYEE & SPOUSE:	30	30
EMPLOYEE & CHILD(REN):	34	34
EMPLOYEE & FAMILY:	101	101
TOTAL QUOTED:	259	259
FIXED COSTS:		
EMPLOYEE ONLY:	\$112.78	\$119.79
EMPLOYEE & SPOUSE:	\$227.84	\$243.15
EMPLOYEE & CHILD(REN):	\$227.84	\$243.15
EMPLOYEE & FAMILY:	\$227.84	\$243.15
MONTHLY TOTAL:	\$48,194.92	\$51,380.01
ANNUAL FIXED COST:	\$578,339.04	\$616,560.12
PERCENTAGE ADJUSTMENT:	N/A	6.61%
MAXIMUM EXPOSURE:		
EMPLOYEE ONLY:	\$693.82	\$668.65
EMPLOYEE & SPOUSE:	\$1,418.52	\$1,337.82
EMPLOYEE & CHILD(REN):	\$1,418.52	\$1,337.82
EMPLOYEE & FAMILY:	\$1,418.52	\$1,337.82
MONTHLY TOTAL:	\$389,874.88	\$273,259.40
ANNUAL MAXIMUM EXPOSURE	\$3,478,498.56	\$3,279,040.80
HIGHER IND. SPECIFIC DEDUCTIBLE	\$0.00	\$0.00
ADJUSTED MAXIMUM EXPOSURE:	\$3,543,498.56	\$3,379,040.80
PERCENTAGE ADJUSTMENT:	N/A	-4.64%
EXPECTED COST:		
EMPLOYEE ONLY:	\$422.76	\$482.64
EMPLOYEE & SPOUSE:	\$897.81	\$980.85
EMPLOYEE & CHILD(REN):	\$893.25	\$860.02
EMPLOYEE & FAMILY:	\$1,263.29	\$1,387.93
MONTHLY TOTAL:	\$221,782.31	\$237,456.93
ANNUAL EXPECTED COST	\$2,661,387.66	\$2,849,483.12
AGGREGATING SPECIFIC AMOUNT	\$65,000.00	\$0.00
ADJUSTED ANNUAL EXPECTED COST:	\$2,726,387.66	\$2,849,483.12
PERCENTAGE ADJUSTMENT:	N/A	4.51%