

Proposed Schedule - Excess Loss Coverage

United HealthCare Insurance Company

Firm/Final Offer

Group Name: County of Pinellas Board of County Commissioners

Proposal Prepared:	7/21/2025	Effective Date of Proposal:	1/1/2026 - 12/31/2026
Sales Representative:	Lauren Torres	Expiration Date of Proposal:	10/23/2025
Underwriter:	Marcus Williams	Administrator of the Plan:	UMR w/ UHC Stop Loss
		Network of Plan:	UnitedHealthcare Choice Plus®

A. SPECIFIC (INDIVIDUAL) EXCESS LOSS COVERAGE:

	Current	Renewal	Alternate 1	Alternate 2
Specific Deductible per covered person :	<u>\$650,000</u>	<u>\$650,000</u>	<u>\$800,000</u>	<u>\$1,000,000</u>
Lifetime Amount per covered person:	<u>Unlimited</u>	<u>Unlimited</u>	<u>Unlimited</u>	<u>Unlimited</u>
Contract Basis:	36 / 12	36 / 12	36 / 12	36 / 12
Monthly Premium Rates:	# Units			
Single	<u>1,836</u>	<u>\$17.25</u>	<u>\$25.18</u>	<u>\$18.38</u>
Family	<u>1,350</u>	<u>\$69.66</u>	<u>\$50.53</u>	<u>\$35.42</u>
Composite	<u>3,186</u>	<u>\$37.16</u>	<u>\$43.85</u>	<u>\$32.00</u>
Annual		<u>\$1,508,491</u>	<u>\$1,676,427</u>	<u>\$1,223,493</u>
ISL Run In Limit:	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
ISL Experience Refund Endorsement:	<u>No</u>	<u>No</u>	<u>No</u>	<u>No</u>
Additional Aggregating Specific Deductible:	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Optional Specific Terminal Liability Fee:			<u>N/A</u>	
Covered Benefits under Specific: Medical / Rx				
Lasered Claimant Notes: CLAIMANT 1 -	<u>- \$1,200,000; 2. CLAIMANT 2</u>	<u>- \$900,000</u>		

UnitedHealthcare may pay the selling broker for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business.

For New York situs business, we may pay reduced compensation where fewer services are offered and increased compensation where more services are provided. Producers must comply with the compensation disclosure requirements of New York Regulation 194.

- Step-Down Deductible - with pre-qualified service at an OptumHealth Transplant Centers of Excellence Network Facility, a 15% step down may apply - see page 2.
- Common Accident Provision included at no cost. (Not available in Wisconsin due to state regulation.)
- Specific Accommodation Reimbursement (12 months) is included at no cost.
- UHC Stop Loss Pays as UMR Pays - Enhanced Accelerated Reimbursement, see page 2.
- Independent Review Organization Coverage for Claim Appeals.
- Optional Individual Stop Loss Experience Refund Endorsement is not included and is available at an additional cost (Groups with an Aggregating Specific Deductible do not qualify).
- For the proposed policy period, effective 01/01/2026, this offer includes a 40% Rate Cap provision for the renewal period of 01/01/27 - 12/31/27.
- Rate increase applies to a matured current rate and is not extended beyond the next renewal.

C. COMMISSIONS:

- Quote does not include commissions.

PROPOSAL QUALIFICATIONS

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This proposal will not be considered firm until all additional requirements, disclosure requirements, and other qualifications have been received and approved by UHC Stop Loss. This proposal is based on the data submitted, plus other information furnished relevant to underwriting the risk, including statistics with reference to premiums paid and claims incurred with the present carrier. UHC Stop Loss will not be bound by any typographical errors contained herein. Subject to the qualifications below, the proposal is valid for the stated effective date provided a signed Please provide updated Large Claim Management information and individual claim runs. Subject to Medical Underwriting review. Lasers may apply.

Other Qualifications**Step-Down Deductible Requirement**

- This quote assumes acceptance of the OptumHealth Care Solution network, access includes the Centers of Excellence Networks. With a pre-qualified service at an OptumHealth Transplant Center of Excellence Network Facility, the covered person's specific deductible will be reduced by 15% during the policy period the benefit is paid by the Plan. Not applicable to laser individuals.

UHC Stop Loss Pays as UMR Pays - Enhanced Accelerated Reimbursement

- A rate lock-in will be considered upon receipt of complete monthly paid claims, enrollment, large claim reports, and disclosure statement (see Disclosure Qualifications). Please provide claim data through 9/30/2025 by 11/1/2025 for lock-in consideration. After review of this data, a final/firm proposal will be released with an expiration date of 45 business days.

Independent Review Organization - Claim Appeals**Proposal Qualifications**

- ISL: Retirees Covered - Pre 65 ISL: Retirees Covered - Post 65
- ASL: Retirees NOT Covered - Pre 65 ASL: Retirees NOT Covered - Post 65
- Quote is subject to receipt of the completed Disclosure Statement and our acceptance of the same.
- Underwriting reserves the right to change the terms and/or the conditions of coverage when the participation varies by more than 10% and/or whenever plan or network changes occur.
- Underwriting reserves the right to change the terms and/or the conditions of coverage if changes to any of the included services/programs listed under Plan Assumptions below occur.
- 75% minimum participation is required unless specifically approved by underwriting.
- Plan needs to include Utilization Management, Complex Condition CARE, precertification, and transplant network - Without these products, the specific rates may increase.
- Stop-loss coverage is for non-occupational injuries and illnesses.
- Government surcharges, pool charges, covered lives assessments, and Network access fees are not covered by the Excess Loss Policy.
- Actively at work provision for employee and non-confinement provision for dependents waived, subject to disclosure.
 - Assumes UMR is the only carrier offered.
- Illustration assumes the services outlined in the UMR ASO Fee Exhibits will be included in the employee benefit plan.
- Subrogated or denied claims.
- Quote is contingent on receipt/review of precertification for more than three days during the past 6 months.
- All claimants reported in the request for proposal as being "deceased", "terminated", "waived", and "not covered" are excluded from stop-loss coverage.
- If UHC Stop Loss later learns of any material inaccuracy in such information, or failure or refusal to disclose any such information, including all claims or possible claims which you would know about, we may reject a claim to which such information applies, reject the application, change the terms, conditions, premiums or void coverage.

Renewal Option Circled Above

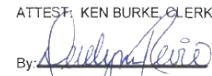
Client Signature is required :



Date 12/16/2025



ATTEST: KEN BURKE, CLERK

By: 

APPROVED AS TO FORM
By: Marshall Brannon
Office of the County Attorney