



Mission C.I.S.D.

1201 Bryce Drive,
Mission, TX 78572
P: (956) 323-5500

FY2025 Term Contract:	Employee Benefits Group Self-Insured Health Insurance #400-25-0
Awarded To:	<ol style="list-style-type: none">1. <u>Blue Cross Blue Shield of Texas</u><ul style="list-style-type: none">• Administrative Services2. <u>Blue Cross Blue Shield of Texas Integrated PBM through Prime Rx</u><ul style="list-style-type: none">• Pharmacy Benefit Manager3. <u>Health Equity through Blue Cross Blue Shield of Texas</u><ul style="list-style-type: none">• COBRA Services4. <u>Miracle Medical</u><ul style="list-style-type: none">• Chronic Condition Management
Term:	One Year
Term Period :	October 2024 – September 2025



Employee Benefits Group Self Insured RFP # 400-24-0

Presented by:
Valeria Ybarra, Consultant
Acrisure LLC dba Carlisle Insurance

Employee Benefits Group Self-Insured RFP# 400-24-0

RFP Structure:

1. Administrative Services (ASO or TPA)

- a) Administrative services are responsible for the overall administration of the plan, including claims adjudication, customer service, etc.
- b) RFP analysis included measurement of the following services: (1) Network discounts (expenses to the district), (2) Network strength and access to care, (3) Claims processing accuracy, (4) Claims process timelines, and (5) Procedures to claim processing

2. Stop Loss Insurance

- a) Stop Loss Insurance is a “behind the scenes” insurance coverage that establishes the Districts overall financial risk and limits.
- b) RFP analysis included measurement of the following Stop Loss services: (1) Premium expense, (2) Strength of contract, and (3) Integration

3. Pharmacy Benefit Manager (PBM)

- a) The PBM is responsible for the administration and discounting of all medications.
- b) RFP analysis included measurement of the following services: (1) Wholesale price discount, (2) Dispensing fees, (3) Rebates, (4) Pharmacy Drug List (PDL), (5) Contract strength, and (6) Integration

4. COBRA Services

- a) The COBRA vendor is responsible for providing employees any and all required notices and tracking and for the processing of COBRA participants.
- b) RFP analysis was measured the following: (1) Ease of Integration with COBRA eligible lines of coverage (2) Premium expense



Proposals Received

Administrative Services

- Blue Cross Blue Shield of Texas
- United Healthcare
- Texas Municipal League (TML)

Stop Loss Insurance

- Blue Cross Blue Shield of Texas
- United Healthcare
- Liberty Insurance
- Zurich

Pharmacy Benefit Manager

- Prime
- Optum (integrated and stand alone)
- PCA Rx
- International Rx
- Express Scripts
- WellDyne
- Araya

COBRA Services

- Blue Cross Blue Shield of Texas
- United Healthcare
- Texas Municipal League
- Creative Benefit Administrators

Chronic Condition Management

- Miracle Medical

Total Proposals: 19



Recommendations

Summary: A detailed analysis was conducted by evaluating Mission CSD's claims history. Through the analysis and RFP process, the projected fixed cost savings is **\$635,753** annually. Due to claim volume, the aggregate attachment point is expected to increase by **14%**. Please note, actual expenses are based on employee enrollment and claim volume.

Effective Date: October 1, 20223

1. Administrative Services

- Recommended carrier: Blue Cross Blue Shield (BCBS) of Texas
- Proposed cost: \$51.07 per employee per month
- Variance from current: 0%
- Projected annual savings: \$0
- Agent of Record: Jeff Everitt

2. Stop Loss Insurance

- Recommended carrier: Liberty Insurance through SA Benefit Services
- Proposed premium cost: \$49.18 per employee per month
- Attachment point: \$804.65 per employee per month
- Variance from current: 17%
- Agent of Record: Jeff Everitt

3. Pharmacy Benefit Manager

- Recommended carrier: BCBS Integrated PBM through Prime Rx
- Proposed rebate value: \$1,787,940
- Variance from current: 40%
- Projected annual increase: \$526,426.56
- Agent of Record: Jeff Everitt

4. COBRA Services

- Recommended carrier: Health Equity through BCBS
- Proposed cost: \$10 per participant
- Variance from current: 0%
- Projected annual increase: \$0
- Agent of Record: Jeff Everitt

5. Chronic Condition Management

- Recommended carrier: Miracle Medical
- Proposed cost: Variable, based on utilization
- Agent of Record: None

Maximum plan cost: \$20,757,841

****Includes stop loss premium, administrative fee, annual attachment point and pharmacy rebates**





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INSURANCE

— SINCE 1925 —

ACRISURE® PARTNER



Mission C.I.S.D.

1201 Bryce Drive,
Mission, TX 78572
P: (956) 323-5500

FY2025 Term Contract:	Medical and Pharmacy Stop Loss Insurance #400-25-0
Awarded To:	1. <u>Liberty Insurance</u>
Term:	One Year
Term Period :	October 2024 – September 2025



Firm Stop Loss Proposal

Mission CISD

(Stop Loss Proposal ONLY)



Prepared By: Stephanie Chtata
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Plan Sponsor: Mission CISD
Effective: 10/01/2024

Stop Loss Terms	Current	Option 1 - Renewal	Option 2	Option 3
MGU (If MGU not identified then a direct carrier)				

Stop Loss Carrier	Liberty	Liberty	Liberty	Liberty
Network	BCBS of TX	BCBS of TX	BCBS of TX	BCBS of TX
Months in Contract	12	12	12	12

Specific Terms				
Specific Deductible	\$250,000	\$250,000	\$275,000	\$300,000
Aggregating Specific Deductible	N/A	N/A	N/A	N/A
Maximum Coverage Limit	Unlimited	Unlimited	Unlimited	Unlimited
Contract	15/12	15/12	15/12	15/12
Coverages	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Run-In / Run-Out Limit	N/A	N/A	N/A	N/A
Terminal Liability Provision	No	No	No	No
Renewal Rate Cap (No New Laser)	No	No	No	No
Plan Mirroring Coordination approved	Yes	Yes	Yes	Yes
Advance Funding	Yes	Yes	Yes	Yes
Experience Refund	No	Yes	Yes	Yes
Transplants Carved Out	No	No	No	No

Aggregate Terms				
Annual Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible Corridor	120%	120%	120%	120%
Contract	15/12	15/12	15/12	15/12
Coverages	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Accomodation Quoted	No	No	No	No
Terminal Liability Provision Quoted	No	No	No	No
Run-In / Run-Out Limit	N/A	N/A	N/A	N/A

Stop Loss Premium (Fixed)					
Specific Composite	2,052	\$43.71	\$43.74	\$39.91	\$37.12
Annual Specific Premium		\$1,076,315	\$1,077,054	\$982,744	\$914,043
Aggregate Premium	2,052	\$2.32	\$2.21	\$2.27	\$2.32
Annual Aggregate Premium		\$57,128	\$54,419	\$55,896	\$57,128
Total Annual Premium		\$1,133,443	\$1,131,473	\$1,038,640	\$971,171
% Increase			-0.17%	-8.36%	-14.32%

Annual Fixed Cost	\$1,133,443	\$	1,131,472.80	\$	1,038,640.32	\$	971,170.56
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Aggregate Claim Liability					
Composite	2,052	\$743.53	\$788.62	\$792.31	\$794.01
Maximum Claim Liability		\$18,308,683	\$19,418,979	\$19,509,841	\$19,551,702
% Increase			6.06%	6.56%	6.79%

Fixed Cost and Maximum Claim Liability	\$19,442,125	\$20,550,452	\$20,548,482	\$20,522,873
% Increase		5.70%	5.69%	5.56%

Laser Contingencies				
Evangelina Valazquez-Sandoval	\$475K Laser	\$475K Laser	\$475K Laser	\$475K Laser
Jose Tallabas - Reference proposal for additional details.	-	-	-	-

Quote Status	N/A	FIRM	FIRM	FIRM
Firm Thru	N/A	August 14, 2024	August 14, 2024	August 14, 2024

Service Fee / Broker Commission (included in the rates)				
Service Fee - Paid to SA Benefit Services	6%	6%	6%	6%
Qualifications and Contingencies *Please review actual proposal contingencies regarding each stop loss carrier option.				



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Plan Sponsor: Mission CISD
Effective: 10/01/2024

Stop Loss Terms		Current	Option 4	Option 5	Option 6
MGU (If MGU not identified then a direct carrier)					
Stop Loss Carrier		Liberty	Liberty	Liberty	Liberty
Network		BCBS of TX	BCBS of TX	BCBS of TX	BCBS of TX
Months in Contract		12	12	12	12
Specific Terms					
Specific Deductible		\$250,000	\$250,000	\$275,000	\$300,000
Aggregating Specific Deductible		N/A	N/A	N/A	N/A
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited
Contract		15/12	24/12	24/12	24/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Run-In / Run-Out Limit		N/A	N/A	N/A	N/A
Terminal Liability Provision		No	No	No	No
Renewal Rate Cap (No New Laser)		No	No	No	No
Plan Mirroring Coordination approved		Yes	Yes	Yes	Yes
Advance Funding		Yes	Yes	Yes	Yes
Experience Refund		No	Yes	Yes	Yes
Transplants Carved Out		No	No	No	No
Aggregate Terms					
Annual Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible Corridor		120%	120%	120%	120%
Contract		15/12	24/12	24/12	24/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Accomodation Quoted		No	No	No	No
Terminal Liability Provision Quoted		No	No	No	No
Run-In / Run-Out Limit		N/A	\$3,015,400	\$3,029,500	\$3,036,000
Stop Loss Premium (Fixed)					
Specific Composite	2,052	\$43.71	\$45.21	\$41.22	\$38.33
Annual Specific Premium		\$1,076,315	\$1,113,251	\$1,015,001	\$943,838
Aggregate Premium	2,052	\$2.32	\$2.29	\$2.35	\$2.41
Annual Aggregate Premium		\$57,128	\$56,389	\$57,866	\$59,344
Total Annual Premium		\$1,133,443	\$1,169,640	\$1,072,868	\$1,003,182
% Increase			3.19%	-5.34%	-11.49%
Annual Fixed Cost		\$1,133,443	\$ 1,169,640.00	\$ 1,072,867.68	\$ 1,003,181.76
Aggregate Claim Liability					
Composite	2,052	\$743.53	\$816.38	\$820.20	\$821.96
Maximum Claim Liability		\$18,308,683	\$20,102,541	\$20,196,605	\$20,239,943
% Increase			9.80%	10.31%	10.55%
Fixed Cost and Maximum Claim Liability		\$19,442,125	\$21,272,181	\$21,269,472	\$21,243,125
% Increase			9.41%	9.40%	9.26%
Laser Contingencies					
Evangelina Valazquez-Sandoval		\$475K Laser	\$475K Laser	\$475K Laser	\$475K Laser
Jose Tallabas - Reference proposal for additional details.		-	-	-	-
Quote Status		N/A	FIRM	FIRM	FIRM
Firm Thru		N/A	August 14, 2024	August 14, 2024	August 14, 2024
Service Fee / Broker Commission (included in the rates)					
Service Fee - Paid to SA Benefit Services		6%	6%	6%	6%
Qualifications and Contingencies *Please review actual proposal contingencies regarding each stop loss carrier option.					



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Plan Sponsor: Mission CISD
Effective: 10/01/2024

Stop Loss Terms		Current	Option 7	Option 8	Option 9
MGU (If MGU not identified then a direct carrier)			ATS	ATS	ATS
Stop Loss Carrier		Liberty	BCS Insurance	BCS Insurance	BCS Insurance
Network		BCBS of TX	BCBS of TX	BCBS of TX	BCBS of TX
Months in Contract		12	12	12	12
Specific Terms					
Specific Deductible		\$250,000	\$250,000	\$275,000	\$300,000
Aggregating Specific Deductible		N/A	N/A	N/A	N/A
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited
Contract		15/12	15/12	15/12	15/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Run-In / Run-Out Limit		N/A	N/A	N/A	N/A
Terminal Liability Provision		No	No	No	No
Renewal Rate Cap (No New Laser)		No	Yes- 40%	Yes- 40%	Yes- 40%
Plan Mirroring Coordination approved		Yes	No	No	No
Advance Funding		Yes	Yes	Yes	Yes
Experience Refund		No	No	No	No
Transplants Carved Out		No	No	No	No
Aggregate Terms					
Annual Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible Corridor		120%	120%	120%	120%
Contract		15/12	15/12	15/12	15/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Accomodation Quoted		No	No	No	No
Terminal Liability Provision Quoted		No	No	No	No
Run-In / Run-Out Limit		N/A	N/A	N/A	N/A
Stop Loss Premium (Fixed)					
Specific Composite 2,052		\$43.71	\$49.02	\$42.56	\$39.11
Annual Specific Premium		\$1,076,315	\$1,207,068	\$1,047,997	\$963,045
Aggregate Premium 2,052		\$2.32	\$2.40	\$2.46	\$2.52
Annual Aggregate Premium		\$57,128	\$59,098	\$60,575	\$62,052
Total Annual Premium		\$1,133,443	\$1,266,166	\$1,108,572	\$1,025,097
% Increase			11.71%	-2.19%	-9.56%
Annual Fixed Cost		\$1,133,443	\$ 1,266,166.08	\$ 1,108,572.48	\$ 1,025,097.12
Aggregate Claim Liability					
Composite 2,052		\$743.53	\$810.49	\$814.59	\$817.04
Maximum Claim Liability		\$18,308,683	\$19,957,506	\$20,058,464	\$20,118,793
% Increase			9.01%	9.56%	9.89%
Fixed Cost and Maximum Claim Liability		\$19,442,125	\$21,223,672	\$21,167,037	\$21,143,890
% Increase			9.16%	8.87%	8.75%
Laser Contingencies					
Evangelina Valazquez-Sandoval		\$475K Laser	-	-	-
Jose Tallabas - Reference proposal for additional details.		-	\$300K Laser OR Contingent \$475K Laser	\$300K Laser OR Contingent \$475K Laser	\$300K Laser OR Contingent \$475K Laser
Quote Status		N/A	FIRM	FIRM	FIRM
Firm Thru		N/A	August 14, 2024	August 14, 2024	August 14, 2024
Service Fee / Broker Commission (included in the rates)					
Service Fee - Paid to SA Benefit Services		6%	6%	6%	6%
Qualifications and Contingencies *Please review actual proposal contingencies regarding each stop loss carrier option.					

LIBERTY INSURANCE UNDERWRITERS INC.
Stop Loss Proposal

Group: **Mission Consolidated Independent School District**
 Underwriter: **Angel Peden**
 Producer: **Afore Insurance Services dba SA Benefit Services**
 Administrator: **Blue Cross Blue Shield of Texas (Dallas)**

Proposal No: **43338**
 Valid Thru: **10/15/2024**
 Proposal: **07/24/2024**
 Effective: **10/01/2024**
 Expiration: **09/30/2025**

SPECIFIC STOP LOSS BENEFIT

		Option 1	Option 2	Option 3	Option 4
		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Covered Benefits					
Contract Basis		15/12	15/12	15/12	24/12
Maximum Annual Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited
Annual Specific Deductible per Individual		\$ 250,000	\$ 275,000	\$ 300,000	\$ 250,000
except for					
Velazquez-Sandoval, Evangelina		\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000
Maximum Annual Reimbursement Limit		Unlimited	Unlimited	Unlimited	Unlimited
Quoted Rate Per Month	<u>Enrollment</u>				
Composite	2,052	\$ 43.74	\$ 39.91	\$ 37.12	\$ 45.21
Estimated Annual Premium		\$ 1,077,054	\$ 982,744	\$ 914,043	\$ 1,113,251
Quoted Rate(s) includes Commissions of		0.00%	0.00%	0.00%	0.00%

LIBERTY INSURANCE UNDERWRITERS INC.

Stop Loss Proposal

Group: **Mission Consolidated Independent School District**
 Underwriter: **Angel Peden**
 Producer: **Afore Insurance Services dba SA Benefit Services**
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Proposal No: **43338**
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AGGREGATE STOP LOSS BENEFIT

		Option 1	Option 2	Option 3	Option 4
		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Covered Benefits					
Contract Basis		15/12	15/12	15/12	24/12
Aggregate Risk Corridor		120%	120%	120%	120%
Loss Limit Per Individual		\$ 250,000	\$ 275,000	\$ 300,000	\$ 250,000
Maximum Annual Reimbursement		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Rate Per Month	<u>Enrollment</u>				
Composite	2,052	\$ 2.21	\$ 2.27	\$ 2.32	\$ 2.29
Estimated Annual Premium		\$ 54,419	\$ 55,896	\$ 57,128	\$ 56,389
Rate(s) includes Commissions of		0.00%	0.00%	0.00%	0.00%
Annual Aggregate Deductible		\$ 19,418,979	\$ 19,509,841	\$ 19,551,702	\$ 20,102,541
Minimum Aggregate Deductible		\$ 19,418,979	\$ 19,509,841	\$ 19,551,702	\$ 20,102,541
Run-in Limited To		\$ 0	\$ 0	\$ 0	\$ 3,015,400
Monthly Aggregate Claim Factors	<u>Enrollment</u>				
<u>Medical , RxCard</u>					
Composite	2,052	\$ 788.62	\$ 792.31	\$ 794.01	\$ 816.38

OVERALL COST SUMMARY

	Option 1	Option 2	Option 3	Option 4
Total Annual Fixed Costs	\$ 1,131,473	\$ 1,038,640	\$ 971,171	\$ 1,169,640
Variable Costs	\$ 19,418,979	\$ 19,509,841	\$ 19,551,702	\$ 20,102,541
Maximum Annual Liability	\$ 20,550,452	\$ 20,548,481	\$ 20,522,873	\$ 21,272,181

LIBERTY INSURANCE UNDERWRITERS INC.
Stop Loss Proposal

Group: **Mission Consolidated Independent School District**
 Underwriter: **Angel Peden**
 Producer: **Afore Insurance Services dba SA Benefit Services**
 Administrator: **Blue Cross Blue Shield of Texas (Dallas)**

Proposal No: **43338**
 Valid Thru: **10/15/2024**
 Proposal: **07/24/2024**
 Effective: **10/01/2024**
 Expiration: **09/30/2025**

SPECIFIC STOP LOSS BENEFIT

		Option 5	Option 6
Covered Benefits		Medical, Rx Card	Medical, Rx Card
Contract Basis		24/12	24/12
Maximum Annual Coverage Limit		Unlimited	Unlimited
Annual Specific Deductible per Individual		\$ 275,000	\$ 300,000
except for			
Velazquez-Sandoval, Evangelina		\$ 475,000	\$ 475,000
Maximum Annual Reimbursement Limit		Unlimited	Unlimited
Quoted Rate Per Month	<u>Enrollment</u>		
Composite	2,052	\$ 41.22	\$ 38.33
Estimated Annual Premium		\$ 1,015,001	\$ 943,838
Quoted Rate(s) includes Commissions of		0.00%	0.00%

LIBERTY INSURANCE UNDERWRITERS INC.
Stop Loss Proposal

Group: **Mission Consolidated Independent School District**
 Underwriter: **Angel Peden**
 Producer: **Afore Insurance Services dba SA Benefit Services**
 Administrator: **Blue Cross Blue Shield of Texas (Dallas)**

Proposal No: **43338**
 Valid Thru: **10/15/2024**
 Proposal: **07/24/2024**
 Effective: **10/01/2024**
 Expiration: **09/30/2025**

AGGREGATE STOP LOSS BENEFIT

		Option 5	Option 6
		Medical, Rx Card	Medical, Rx Card
Covered Benefits			
Contract Basis		24/12	24/12
Aggregate Risk Corridor		120%	120%
Loss Limit Per Individual		\$ 275,000	\$ 300,000
Maximum Annual Reimbursement		\$ 1,000,000	\$ 1,000,000
Rate Per Month	<u>Enrollment</u>		
Composite	2,052	\$ 2.35	\$ 2.41
Estimated Annual Premium		\$ 57,866	\$ 59,344
Rate(s) includes Commissions of		0.00%	0.00%
Annual Aggregate Deductible		\$ 20,196,605	\$ 20,239,943
Minimum Aggregate Deductible		\$ 20,196,605	\$ 20,239,943
Run-in Limited To		\$ 3,029,500	\$ 3,036,000
Monthly Aggregate Claim Factors	<u>Enrollment</u>		
<u>Medical , RxCard</u>			
Composite	2,052	\$ 820.20	\$ 821.96

OVERALL COST SUMMARY

	Option 5	Option 6
Total Annual Fixed Costs	\$ 1,072,867	\$ 1,003,182
Variable Costs	\$ 20,196,605	\$ 20,239,943
Maximum Annual Liability	\$ 21,269,472	\$ 21,243,125

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 BCBS TX. PBM is Maxor. 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 NOT covered.

PLEASE READ THESE ELECTRONIC DELIVERY TERMS AND CONDITIONS CAREFULLY. BY ACCEPTING THE ATTACHED QUOTE OR BINDER, AS APPLICABLE, YOU AGREE TO THE TERMS AND CONDITIONS BELOW, WHICH GOVERN HOW WE WILL DELIVER THE POLICY.

For purposes of these Electronic Delivery Terms and Conditions, the following definitions apply:

We," "us," and "our" refer to Liberty Mutual Insurance Company, its affiliates, and subsidiaries.

You" and "your" refer to the Broker of Record for the Insurance Policy, or other authorized representative of the Policyholder, to which the attached Binder or Quote, as applicable, is addressed.

Electronic Delivery" means either, at our discretion, (1) delivery via e-mail or as an attachment to an e-mail; or (2) delivery via an e-mail with a link to a website where the specified document is viewable with the use of a username and password.

Mail Delivery" means delivery via regular mail to the address shown on the Declarations page of the Policy.

Policyholder" collectively refers to the "Named Insured," as defined by the Policy, and any related or affiliated entity of that Named Insured that is insured under the Policy.

Insurance Policy" or "Policy" refer to the insurance policy or policies described in the attached Binder or Quote and ultimately issued by us, including, but not limited to, policy jackets, endorsements and declarations pages, as well as any privacy policy, important notices, change declarations, audits, underwriting documentation, applications, questionnaires, surveys, and any other documents related to the insurance policy or policies issued to the Broker of Record or its designated representative.

Authority to Act on Behalf of Policyholder

You represent that you have the authority to act on behalf of the Policyholder with respect to all insurance matters related to the Policy, including, but not limited to, acceptance of the attached Quote or Binder, as applicable, and these Electronic Delivery Terms and Conditions. If you do not have such authority, you must notify us immediately, in which case we reserve the right to withdraw the attached Quote or Binder.

As a condition of the attached Quote or Binder, you agree to receive Electronic Delivery of the Policy, which you agree to promptly deliver to Policyholder.

If you intend to deliver the Policy electronically to the Policyholder, you represent and warrant that you will deliver the Policy in accordance with all applicable laws, including but not limited to any applicable laws relating to electronic transactions and communications, electronic policy delivery and Policyholder consent thereto.

Email Address of Record and Electronic Delivery

Upon our request, you shall promptly designate an email address to use for Electronic Delivery of the Policy ("Email Address of Record"). Once you provide us with the Email Address of Record, we will deliver the Policy via Electronic Delivery at the E-mail Address of Record instead of by Mail Delivery.

You can change or update an Email Address of Record by contacting the assigned account analyst or underwriter. We will not be liable for any loss, liability, cost, expense or claim arising out of an incorrect or nonfunctioning Email Address of Record.

Electronic Delivery

We will be deemed to have delivered the Policy when we send the Policy via Electronic Delivery at the E-mail Address of Record. You agree that it is your responsibility to then deliver the Policy to the Policyholder, in accordance with applicable law.

Duration of Consent

You agree that Electronic Delivery will remain in effect and will apply to all future renewals, continuations, replacements and changes to any Policy unless:

ou, or someone else, on behalf of the Policyholder, withdraw consent in accordance with these Electronic Delivery Terms and Conditions; or we terminate, for any reason, the ability for you or the Policyholder to receive the Policy electronically.

You understand and agree that we are not liable for any loss, liability, cost, expense or claim arising out of these Electronic Delivery Terms and Conditions or your election to receive a paperless Policy by Electronic Delivery.

How to Withdraw Consent

The Policyholder or you, on behalf of the Policyholder, may withdraw consent to receive the Policy by Electronic Delivery at any time by e-mailing the request to the Underwriter.

At our option, we may treat your provision of an invalid Email Address of Record or the subsequent malfunction of a previously valid Email Address of Record as a withdrawal of your consent to receive the Policy by Electronic Delivery. We will not impose any fee to process the withdrawal of your consent. A withdrawal of your consent will be effective only after we have had a reasonable period of time to process the request.

Hardware and Software Requirements

To access, view and retain the Policy that we make available to you, you must: have a device that will connect to the Internet, access to an e-mail account and access to an internet browser. We will update you if there are any changes to the hardware or software requirements that could impact your receiving the Policy.

By providing consent to receive the Policy by Electronic Delivery, you acknowledge that you and the Policyholder have the minimum hardware and software requirements listed in this section.

Modification and Termination by Us

We reserve the right, in our sole discretion, to discontinue any provision of the Policy by Electronic Delivery, or to terminate or change these Electronic Delivery Terms and Conditions at any time. We will provide you with notice of any such termination or change if required by law.

Communications in Writing

All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of the Policy and these Electronic Delivery Terms and Conditions.

Paper Documents

You or the Policyholder may request a paper copy of the Policy at any time at no additional charge by contacting the assigned account analyst or underwriter.

Governing Law

You acknowledge and agree that your consent to transact electronic business is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and your state's UETA law

as applicable.

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.

The Agg Corridor is 120%

The PPO network is BCBS of TX

PBM is Maxor

Evangelina Velazquez-Sandoval will have a higher specific deductible of \$475,000.00

Aggregate Limitation per Individual: \$250,000.00

Proposal assumes a specific run-in per individual, equal to the lesser of 50% of the specific deductible or \$50,000.

Plan mirroring evaluation has not been completed. In order for Plan Mirroring to be approved, we require a copy of the current Plan within 30 days of the effective date. 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. (Not applicable in the state of NY)

The rates in this proposal are firm. LIU requires written confirmation of coverage chosen by 08/14/2024. 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 #

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.



ATS UNDERWRITING
YOUR STOP LOSS SOLUTION • 24/7

Issuing Carrier: **BCS Insurance Company**
Underwriter: **Danielle Siering**
Group: **Mission CISD**
TPA: **Blue Cross Blue Shield of Texas**

Effective: **10/01/2024** Proposal No **12773**
Expiration: **09/30/2025**

SPECIFIC STOP LOSS BENEFIT

		Option 1	Option 2	Option 3
Covered Benefits		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Contract Basis		15/12	15/12	15/12
Annual Specific Deductible per Individual		\$ 250,000	\$ 275,000	\$ 300,000
Maximum Annual Reimbursement		Unlimited	Unlimited	Unlimited
Maximum Lifetime Reimbursement		Unlimited	Unlimited	Unlimited
Quoted Rate Per Month	<u>Enrollment</u>			
Composite	2,052	\$ 49.02	\$ 42.56	\$ 39.11
Estimated Annual Premium		\$ 1,207,068	\$ 1,047,997	\$ 963,045
Quoted Rate(s) includes Commissions of		0.00%	0.00%	0.00%

AGGREGATE STOP LOSS BENEFIT

		Option 1	Option 2	Option 3
Covered Benefits		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Contract Basis		15/12	15/12	15/12
Loss Limit Per Individual		\$ 250,000	\$ 275,000	\$ 300,000
Maximum Annual Reimbursement		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Corridor		120%	120%	120%
Rate Per Month	<u>Enrollment</u>			
Composite	2,052	\$ 2.40	\$ 2.46	\$ 2.52
Estimated Annual Premium		\$ 59,098	\$ 60,575	\$ 62,052
Rate(s) includes Commissions of		0.00%	0.00%	0.00%
Annual Aggregate Deductible		\$ 19,957,506	\$ 20,058,464	\$ 20,118,793
Minimum Aggregate Deductible		\$ 19,957,506	\$ 20,058,464	\$ 20,118,793
Monthly Aggregate Claim Factors	<u>Enrollment</u>			
<u>Medical , RxCard</u>				
Composite	2,052	\$ 810.49	\$ 814.59	\$ 817.04

OVERALL COST SUMMARY

	Option 1	Option 2	Option 3
Total Annual Fixed Costs	\$ 1,266,166	\$ 1,108,572	\$ 1,025,097
Variable Costs	\$ 19,957,506	\$ 20,058,464	\$ 20,118,793
Maximum Annual Liability	\$ 21,223,672	\$ 21,167,036	\$ 21,143,890



ATS UNDERWRITING
YOUR STOP LOSS SOLUTION • 24/7

Issuing Carrier: **BCS Insurance Company**
Underwriter: **Danielle Siering**
Group: **Mission CISD**

Proposal No **12773**
Effective: **10/01/2024** Expiration: **09/30/2025**

Terms and Conditions

Actively at work is waived subject to receipt and acceptance of Carrier approved disclosure statement.

The PPO network is considered to be BCSB Tx. PBM is included. If this changes, the quoted rates and factors may be modified.

This quote is based on the current benefits and existing enrollment by plan. We reserve the right to adjust the quoted specific rates and aggregate factors if enrollment by plan changes by more than 5% during open enrollment.

If the final enrollment varies by more than 10% from the enrollment shown on this proposal then we reserve the right to change the rate and factors.

Quote assumes minimum participation rate of 75%.

A signed Plan Document must be submitted as well as all recent Amendments.

This proposal includes specific advanced funding.

Retirees are not covered under the stop loss policy.

Vendor negotiation fees are limited to 25% of the savings.

The agent is licensed and appointed by Issuing Carrier.

Any claimant who is disclosed as inactive/terminated/deceased as of the effective date will require Medical underwriting should he/she rejoin the plan.

The submitting producer to ATS is considered the sole producer therefore only the terms in place with the submitting producer will apply.

Utilization review, and strong cost management features including a specialty RX program are required for groups that are subject to AI pricing.

If quoted TPA is not incumbent, run-in for prior year incurrals limited to 90 days prior effective date unless updated paid, pending, and LCM report can be provided at time of binding for underwriter's review and approval.

For Texas Municipalities: As defined by Section 1.005, Texas Local Government Code, this quote is subject to the Municipality executing a written waiver in favor of waiving the requirements of: 1. Section 2, subsection (a) of Texas I.C. Art 21.49-16; and 2. Section 2., subsection (b) of Texas I.C. Art 21.49-16 regarding assignment of a higher deductible to an individual.

Claimant Jose Tallabas will require straight laser of \$300,000 in the 2024 policy period. Should claimant be admitted for and/or receive a stem cell transplant (either auto or allo), he will require an additional \$175,000 for combined laser \$475,000 retroactive to 10/1/2024.

The rates and factors in this proposal are firm. Confirmation of terms chosen and supporting signature(s) below are due by 8/14/24. In the event this date lapses, we reserve the right to request additional documentation and further underwriting may be necessary.

Option Sold: _____

Aggregate Accommodation (please select one): YES NO



ATS UNDERWRITING
YOUR STOP LOSS SOLUTION • 24/7

Issuing Carrier: **BCS Insurance Company**
Underwriter: **Danielle Siering**
Group: **Mission CISD**

Proposal No **12773**
Effective: **10/01/2024** Expiration: **09/30/2025**

Aggregate TLO (please select one): YES NO

Signature: _____ Date: _____

This offer includes a No New Laser and Limited Rate Increase at Renewal Endorsement. No new lasers or increase in existing lasers will be applied to the Specific Stop Loss Coverage at the Policyholder's next renewal. Specific Stop Loss Coverage Rates are subject to a 40% renewal increase cap. This applies to the Aggregating Specific as well and assumes continuation of current contract and plan design, terms and conditions in the renewal period.