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| Market   Network   Choice Plus   Choice Pl  | Stop Loss Terms          |                       |     | Current           | Renewal                  | Option 1                 | Option 3         |
|---|--------------------------|-----------------------|-----|-------------------|--------------------------|--------------------------|------------------|
| Network   Choice Plus   Choi  |                          |                       |     |                   |                          |                          |                  |
| Specific   |                          |                       |     |                   |                          |                          |                  |
| Specific   Deductible   250,000   |                          |                       |     |                   |                          |                          |                  |
| Deductible Aggregating Specific Maximum Coverage Limit Contract (24/12 Paid Paid 24/12 Coverages)         Unlimited Med, Rx         Unlimited Paid 24/12 Paid Paid Paid 24/12 Paid Paid Paid 24/12 Coverages         Unlimited Med, Rx         Unlimited Paid 24/12 Paid Paid Paid 24/12 Paid Paid Paid 24/12 Paid Paid Paid Paid Paid Paid Paid Paid   | Commission               |                       |     | 0.00%             | 0.00%                    | 0.00%                    | 0.00%            |
| Aggregating Specific  | Specific                 |                       |     |                   |                          |                          |                  |
| Maximum Coverage Limit Contract         Unlimited Contract Contract Coverages         Unlimited Med, Rx         Unlimited Paid Paid Paid Paid Paid Paid Paid Pai  | Deductible               |                       |     | 250,000           | 250,000                  | 250,000                  | 250,000          |
| Contract Coverages  | Aggregating Specific     |                       |     |                   |                          |                          |                  |
| Contract Coverages  | Maximum Coverage L       | imit                  |     | Unlimited         | Unlimited                | Unlimited                | Unlimited        |
| Aggregate   |                          |                       |     | 24/12             | Paid                     | Paid                     | 24/12            |
| Annual Maximum  | Coverages                |                       |     | Med, Rx           | Med, Rx                  | Med, Rx                  | Med, Rx          |
| Annual Maximum  | Aggregate                |                       |     |                   |                          |                          |                  |
| Deductible Corridor Contract Courtages   125%   1  |                          |                       |     | 1 000 000         | 1 000 000                | 1 000 000                | 1 000 000        |
| N/A   Paid   Med, Rx  |                          |                       |     |                   |                          |                          |                  |
| Disclosure  |                          |                       |     |                   |                          |                          |                  |
| Disclosure  |                          |                       |     | IWA               |                          |                          | IN/A             |
| Stop Loss Premium (Fixed)   Single   159   \$49.08   \$171.23   \$52.12   \$56.42   \$56.42   \$702,927.12  | Coverages                |                       |     |                   | ivied, RX                | Med, KX                  |                  |
| Stop Loss Premium (Fixed)   Specific   Single   159   \$49.08   \$171.23   \$52.12   \$56.42   \$70.00   \$161.73   \$161.06   \$10.87   \$1   | Disclosure               |                       |     |                   |                          |                          |                  |
| Specific   Single   159   | Final Claim Data         |                       |     | through 10 months | through 10 months        | through 10 months        | through 9 months |
| Family   308   \$146.01   \$560.60   \$166.73   \$161.06  |                          |                       |     |                   |                          |                          |                  |
| Annual Specific Premium \$633,297.60 \$2,398,684,44 \$715,679.04 \$702,927.12 Aggregate Composite 467 \$0.00 \$10.87 \$10.87 \$10.87 \$0.00 Annual Aggregate Premium \$0.00 \$60,915.48 \$60,915.48 \$0.00 \$10.87 \$ | Specific                 | Single                | 159 | \$49.08           | \$171.23                 |                          | \$56.42          |
| Aggregate Composite 467 \$0.00 \$10.87 \$10.87 \$0.00 Annual Aggregate Premium \$0.00 \$60,915.48 \$60,915.48 \$0.00  Total Annual Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Stop Loss Premium % Change 288.38% 22.63% 10.99%  Annual Fixed Cost \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Aggregate Claim Liability  Med, Rx Single 159 \$0.00 \$950.49 \$950.49 \$0.00 Family 308 \$0.00 \$2,907.30 \$2,907.30 \$0.00  Maximum Claim Liability \$0.00 \$12,558,915.72 \$12,558,915.72 \$0.00  % Change 0.00% 0.00% 0.00%  Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Expected Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Additional Liability \$0.00 \$10,047,132.58 \$0.00  Total Annual Expected Claim and Fixed Costs \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Maximum Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  |                          | Family                | 308 | \$146.01          | \$560.60                 | \$166.73                 | \$161.06         |
| Aggregate Composite 467 \$0.00 \$10.87 \$10.87 \$0.00 Annual Aggregate Premium \$0.00 \$60,915.48 \$60,915.48 \$0.00  Total Annual Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Stop Loss Premium % Change 288.38% 22.63% 10.99%  Annual Fixed Cost \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Aggregate Claim Liability  Med, Rx Single 159 \$0.00 \$950.49 \$950.49 \$0.00 Family 308 \$0.00 \$2,907.30 \$2,907.30 \$0.00  Maximum Claim Liability \$0.00 \$12,558,915.72 \$12,558,915.72 \$0.00  % Change 0.00% 0.00% 0.00%  Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Expected Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Additional Liability \$0.00 \$10,047,132.58 \$0.00  Total Annual Expected Claim and Fixed Costs \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Maximum Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  | Annual Specific Premiur  | n .                   |     | \$633,297,60      | \$2.398.684.44           | \$715.679.04             | \$702.927.12     |
| Annual Aggregate Premium \$0.00 \$60,915.48 \$60,915.48 \$0.00  Total Annual Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Stop Loss Premium % Change 288.38% 22.63% 10.99%  Annual Fixed Cost \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Aggregate Claim Liability  Med, Rx Single 159 \$0.00 \$950.49 \$950.49 \$0.00 Family 308 \$0.00 \$2,907.30 \$2,907.30 \$0.00  Maximum Claim Liability \$0.00 \$12,558,915.72 \$12,558,915.72 \$0.00  % Change 0.00% 0.00% 0.00% 0.00%  Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Expected Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$10,047,132.58 \$10,047,132.58 \$0.00  Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Total Annual Expected Claim and Fixed Costs \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Maximum Plan Cost \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12  Maximum Plan Cost \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12  Maximum Plan Cost \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12   |                          |                       | 467 |                   | \$10.87                  | \$10.87                  |                  |
| Stop Loss Premium % Change   288.38%   22.63%   10.99%  |                          |                       |     |                   |                          |                          |                  |
| Stop Loss Premium % Change   288.38%   22.63%   10.99%  | Total Annual Premium     |                       |     | \$633 297 60      | \$2 459 599 92           | \$776 594 52             | \$702 927 12     |
| Aggregate Claim Liability           Med, Rx         Single Family         159 308         \$0.00 \$2,907.30         \$950.49 \$950.49 \$0.00           Maximum Claim Liability         \$0.00 \$12,558,915.72         \$12,558,915.72         \$0.00           % Change         0.00%         0.00%         0.00%           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Expected Plan Cost         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Summary         Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64   | Stop Loss Premium % C    | Change                |     |                   | 288.38%                  | 22.63%                   | 10.99%           |
| Aggregate Claim Liability           Med, Rx         Single Family         159 30.00         \$950.49         \$950.49         \$0.00           Maximum Claim Liability         \$0.00         \$12,558,915.72         \$12,558,915.72         \$0.00           Maximum Claim Liability         \$0.00         \$12,558,915.72         \$12,558,915.72         \$0.00           % Change         0.00%         0.00%         0.00%         0.00%           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Expected Plan Cost         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Summary         Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           Change         \$633,297.60  | Annual Fixed Cost        |                       |     | \$633,297.60      | \$2,459,599.92           | \$776,594.52             | \$702,927.12     |
| Med, Rx         Single Family         159 308         \$0.00 \$950.49 \$950.49 \$950.49 \$0.00           Maximum Claim Liability         \$0.00 \$12,558,915.72 \$12,558,915.72 \$0.00           Maximum Claim Liability         \$0.00 \$12,558,915.72 \$12,558,915.72 \$0.00           % Change         0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00           Expected Claim Liability         \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00           Expected Plan Cost         \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12           Summary         \$90.00 \$0.00 \$0.00 \$0.00         \$0.00 \$0.00 \$0.00           Expected Claim Liability         \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00         \$0.00 \$0.00           Expected Claim Liability         \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12           Maximum Plan Cost         \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12   |                          |                       |     |                   |                          |                          |                  |
| Family         308         \$0.00         \$2,907.30         \$2,907.30         \$0.00           Maximum Claim Liability         \$0.00         \$12,558,915.72         \$12,558,915.72         \$0.00           % Change         0.00%         0.00%         0.00%         0.00%           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Expected Plan Cost         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Summary         Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%  |                          |                       | 150 | \$0.00            | \$050.40                 | \$050.40                 | 00.00            |
| Maximum Claim Liability         \$0.00         \$12,558,915.72         \$12,558,915.72         \$0.00           % Change         0.00%         0.00%         0.00%         0.00%           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Expected Plan Cost         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Summary         \$90.00         \$0.00 <td></td> <td></td> <td></td> <td></td> <td>*</td> <td>*</td> <td></td>  |                          |                       |     |                   | *                        | *                        |                  |
| % Change         0.00%         0.00%         0.00%           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Expected Plan Cost         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Summary         Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%   |                          | ranny                 | 300 | \$0.00            | \$2,907.30               | \$2,907.30               | \$0.00           |
| Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Expected Plan Cost \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Summary  Specific and Aggregate Premium \$633,297.60 \$2,459,599.92 \$776,594.52 \$702,927.12  Additional Liability \$0.00 \$0.00 \$0.00 \$0.00  Expected Claim Liability \$0.00 \$10,047,132.58 \$10,047,132.58 \$0.00  Total Annual Expected Claim and Fixed Costs \$633,297.60 \$12,506,732.50 \$10,823,727.10 \$702,927.12  Maximum Plan Cost \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12  Maximum Plan Cost \$633,297.60 \$15,018,515.64 \$13,335,510.24 \$702,927.12  % Change  | Maximum Claim Liability  | •                     |     | \$0.00            | \$12,558,915.72          | \$12,558,915.72          | \$0.00           |
| Summary   Specific and Aggregate Premium   \$633,297.60   \$12,506,732.50   \$10,823,727.10   \$702,927.12  | % Change                 |                       |     |                   | 0.00%                    | 0.00%                    | 0.00%            |
| Summary         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%   | Expected Claim Liability | •                     |     | \$0.00            | \$10,047,132.58          | \$10,047,132.58          | \$0.00           |
| Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%  | Expected Plan Cost       |                       |     | \$633,297.60      | \$12,506,732.50          | \$10,823,727.10          | \$702,927.12     |
| Specific and Aggregate Premium         \$633,297.60         \$2,459,599.92         \$776,594.52         \$702,927.12           Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%  | Summary                  |                       |     |                   |                          |                          |                  |
| Additional Liability         \$0.00         \$0.00         \$0.00         \$0.00           Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%   |                          | remium                |     | \$633,297.60      | \$2,459,599.92           | \$776,594.52             | \$702,927.12     |
| Expected Claim Liability         \$0.00         \$10,047,132.58         \$10,047,132.58         \$0.00           Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%  |                          |                       |     |                   |                          |                          |                  |
| Total Annual Expected Claim and Fixed Costs         \$633,297.60         \$12,506,732.50         \$10,823,727.10         \$702,927.12           Maximum Plan Cost         \$633,297.60         \$15,018,515.64         \$13,335,510.24         \$702,927.12           % Change         2271.48%         2005.73%         10.99%   |                          |                       |     |                   |                          | *                        |                  |
| % Change 2271.48% 2005.73% 10.99%   |                          | Claim and Fixed Costs |     |                   |                          |                          |                  |
| •   | Maximum Plan Cost        |                       |     | \$633,297.60      | \$15,018, <u>51</u> 5.64 | \$13,335, <u>51</u> 0.24 | \$702,927.12     |
| Qualifications  | % Change                 |                       |     |                   | 2271.48%                 | 2005.73%                 | 10.99%           |
|   | Qualifications           |                       |     |                   |                          |                          |                  |

Due to the relationship UMR has with many of these carriers/mgu's, a signed disclosure statement may not be required on existing UMR medical customers.

In addition, some of the carriers/mgu's have agreed to extend the disclosure period in an effort to finalize existing UMR medical customers at an

If a stop loss proposal is accepted other than from a preferred UMR Stop Loss Carrier (list available from your UHC AE/SAE or UMR Sales Director), a non-preferred vendor surcharge fee will apply as outlined in the UMR Administrative Proposal.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on

C0209988000 \$950,000.

Zurich North America Current Lasers: XXXX - Is not covered.

Note: The Renewal Proposal is without lasers.

Note: The Option 1 Proposal, is with lasers.

Retirees coverage is included. Quotes assume retiree's over age 65 are Medicare Primary.

Option 1 Lasers: C02099880-00 - \$975,000, C02100413-02 - \$300,000 & C07900370-00 - \$325,000.

UnitedHealthcare BP/ Pricing and provision in the contract were not Competitive Separate Specific Deductible(s):

Retirees pre and post age 65 are covered; \$900,00.00 conditional laser;

Neither UMR nor the Stop Loss Carriers will be bound by any typographical errors and/or omissions contained herein. Please refer to actual proposal for rates, enrollment counts, contingencies and other conditions.