



Carrier: Florida Blue

Stop Loss Proposal for: City of Port St. Lucie

Policy Period: 10/01/2024 – 09/30/2025

Administrator: Florida Blue

Proposal Number: 5

10199 Southside Boulevard, Suite 205
Jacksonville, FL 32256
Telephone: (904) 281-2151
Facsimile: (904) 281-0384

Underwriter:
Susan Reel
sreel@ISU-INC.NET

Marketing Representative:
Hunter B. John M.

SPECIFIC STOP LOSS COVERAGE	Option 1
-----------------------------	----------

Coverages		Medical, Rx Card
Specific Deductible per Individual		\$ 500,000
Contract Basis		24/12
Specific Advancement		Included
Specific Rate(s) Per Month	Enrollment	
Composite	1,298	\$ 92.98
Estimated Monthly Premium		\$ 120,688
Estimated Policy Period Premium		\$ 1,448,256
Lifetime Reimbursement		Unlimited
Maximum Policy Period Reimbursement		Unlimited
Quoted Rate(s) include Commission of		0.00 %

Proposal Date: 08/22/2024

Administered By:
ISU, a division of Companion Life Ins. Co.
10199 Southside Boulevard, Suite 205, Jacksonville, FL 32256
Telephone: (904) 281-2151 Facsimile: (904) 281-0384

Page 1

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions.



Carrier: Florida Blue
 Stop Loss Proposal for: City of Port St. Lucie
 Policy Period: 10/01/2024 – 09/30/2025
 Administrator: Florida Blue

10199 Southside Boulevard, Suite 205
 Jacksonville, FL 32256
 Telephone: (904) 281-2151
 Facsimile: (904) 281-0384

Proposal Number: 5

Underwriter:
 Susan Reel
 sreel@ISU-INC.NET

Marketing Representative:
 Hunter B. John M.

AGGREGATE STOP LOSS COVERAGE		Option 1
Coverages		Medical, Rx Card
Contract Basis		24/12
Loss Limit per Individual		\$ 500,000
Maximum Policy Period Reimbursement		\$ 1,000,000
Aggregate Corridor		125 %
Rate per Month	Enrollment	
Composite	1,298	\$ 4.15
Combined Gross Monthly Rate		\$ 4.15
Estimated Policy Period Premium		\$ 64,640
Quoted Rate(s) include Commission of		0.00 %
Monthly Aggregate Claim Factors	Enrollment	
Medical, Rx Card		
Composite	1,298	\$ 2,155.72
Run-In Limited To		N/A
Aggregate Deductible		\$ 33,577,495
Minimum Aggregate Deductible		\$ 33,577,495
Expected Annual Claims		\$ 26,861,996

OVERALL COST SUMMARY		Option 1
Total Fixed Cost		\$ 1,512,896
Aggregate Variable		\$ 33,577,495
Maximum Policy Period Liability		\$ 35,090,391



Carrier: Florida Blue

Stop Loss Proposal for: City of Port St. Lucie

Policy Period: 10/01/2024 – 09/30/2025

Administrator: Florida Blue

Proposal Number: 5

10199 Southside Boulevard, Suite 205
Jacksonville, FL 32256
Telephone: (904) 281-2151
Facsimile: (904) 281-0384

Underwriter:
Susan Reel
sreel@ISU-INC.NET

Marketing Representative:
Hunter B. John M.

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Quoted terms and conditions are subject to possible revision based upon the receipt and review of the following Items:

FIRM OFFER: This quote must be signed and accepted on or before 9/10/2024. If we do not receive a signed quote by 9/10/2024, we reserve the right to re-evaluate our offer.

Regenexx will be covered under the City of Port St. Lucie health plan as an exception. All other experimental and investigational procedures and Rx will continue to be excluded from coverage.

Proposal assumes the use of the Florida Blue network. If this network is not used, Florida Blue reserves the right to change our rates and factors.

Florida Blue reserves the right to change the rates and factors should the initial enrollment vary by 10% or more from the enrollment shown on our proposal. Assumes current participation and contribution levels will remain constant for the proposed policy period. Minimum participation level of 65% of all eligible employees is required.

A signed disclosure statement is not required; however, we will require disclosure information. Disclosure information will be accepted closer to the effective date and no later than 15 days after the effective date.

Proposal Date: 08/22/2024

Administered By:
ISU, a division of Companion Life Ins. Co.
10199 Southside Boulevard, Suite 205, Jacksonville, FL 32256
Telephone: (904) 281-2151 Facsimile: (904) 281-0384

Page 3

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions.



Carrier: Florida Blue

Stop Loss Proposal for: City of Port St. Lucie

Policy Period: 10/01/2024 – 09/30/2025

Administrator: Florida Blue

Proposal Number: 5

10199 Southside Boulevard, Suite 205
Jacksonville, FL 32256
Telephone: (904) 281-2151
Facsimile: (904) 281-0384

Underwriter:
Susan Reel
sreel@ISU-INC.NET

Marketing Representative:
Hunter B. John M.

The quotation will require additional information, and may require adjustments (including lasers), regarding any claimant with serious condition(s) that may be expected to exceed the selected retention or any claimant with expenses (paid or incurred) in excess of 50% of the retention selected. Disclosure information will also include precert information, trigger diagnosis information, pended/denied claim information, and case management reports (FL Blue disclosure statement for new business only). Any individual who is a condition which currently disables any employee or dependent. (including but not limited to: STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence). Claimants with prescription item claims in excess of 50% of the lowest proposed specific deductible or \$2,000 per script must be disclosed to us.

Retirees are included under the plan.

Pre-65 Retirees are included under the plan.

COBRA participation is limited to 5% or less.

Florida Blue reserves the right to change the rates and factors should the initial enrollment vary by 15% or more from the enrollment shown on our proposal.

AGGREGATE COVERAGE: Subject to updated paid claims and enrollment through the proposed effective date. We reserve the right to recalculate the Aggregate factors if the average of the final two/three months of claims exceed the average of the prior nine/ten months by more than 5%.

Proposal Date: 08/22/2024

Administered By:
ISU, a division of Companion Life Ins. Co.
10199 Southside Boulevard, Suite 205, Jacksonville, FL 32256
Telephone: (904) 281-2151 Facsimile: (904) 281-0384

Page 4

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions.



Carrier: Florida Blue

Stop Loss Proposal for: City of Port St. Lucie

Policy Period: 10/01/2024 – 09/30/2025

Administrator: Florida Blue

Proposal Number: 5

10199 Southside Boulevard, Suite 205
Jacksonville, FL 32256
Telephone: (904) 281-2151
Facsimile: (904) 281-0384

Underwriter:
Susan Reel
sreel@ISU-INC.NET

Marketing Representative:
Hunter B. John M.

Actively-at-Work provision is waived as follows: For individuals identified and approved by Florida Blue and all other individuals covered on the Effective Date except for those individuals with serious claims known by the employer or the administrator, COBRA individuals, terminated individuals pending COBRA status, or Disabled individuals who have not been disclosed to Florida Blue is writing.

Subject to review and acceptance of Plan Document. This quote is based on the following Plan Design: Current benefit plan(s) and existing enrollment by plan.

If the group acquires a new entity and adds those members to our policy, a disclosure statement must be presented to Florida Blue for approval. Approval must be received before Florida Blue will assume risk for the new member.

To consider a group for coverage we will require submission of all underlying documentation regarding member eligibility and termination as well as the group Leave of Absence Policy. If there is no Leave of Absence Policy in place, we will require a statement from the Plan Sponsor stating there is no Leave of Absence available. Additionally, we will require an approved benefit book within 60 days of Benefit Book release by FL Blue for group approval.

■

Proposal Date: 08/22/2024

Administered By:
ISU, a division of Companion Life Ins. Co.
10199 Southside Boulevard, Suite 205, Jacksonville, FL 32256
Telephone: (904) 281-2151 Facsimile: (904) 281-0384

Page 5

Rates and Factors subject to attached Qualifications and Contingencies and Plan Document Assumptions.



Carrier: Florida Blue

Stop Loss Proposal for: City of Port St. Lucie

Policy Period: 10/01/2024 – 09/30/2025

Administrator: Florida Blue

Proposal Number: 5

10199 Southside Boulevard, Suite 205
Jacksonville, FL 32256
Telephone: (904) 281-2151
Facsimile: (904) 281-0384

Underwriter:
Susan Reel
sreel@ISU-INC.NET

Marketing Representative:
Hunter B. John M.

Initial the selected proposal option (please initial both the selected Specific and Aggregate option):

Option	Specific	Aggregate
1	\$ 500,000 / 24/12	\$ 500,000 / 24/12

The Premium and Aggregate Deductibles are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date: _____

By: _____

Agent of Record or Administrator