

APPENDIX B - PROPOSED PREMIUM AND FEES EXHIBIT

Group Medical and Pharmacy Stop Loss Insurance
Solicitation 101-20

RESPONDENT INFORMATION
COMPANY NAME:
BUSINESS ADDRESS:
CITY, STATE, ZIP CODE:
TELEPHONE:
FAX:
E-MAIL ADDRESS:

RESPONDENT MUST COMPLETE OR PROVIDE THE FOLLOWING INFORMATION:

QUOTATION OF RATES

Respondent shall provide rates for the Solicitation by completing the following forms.

Please note, the rates quoted by Respondent on the Stop Loss Premium/Fee Exhibits must be firm rates, unless subject to updated claims up to 90 days of the policy effective date. Any modifications, exceptions, or objections contained within the bid form shall subject the bid to disqualification.

(Rates assume current level of Plan Holders, actual levels may vary.)

_____ (Initials) I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public "as-is".

RESPONDENT'S CERTIFICATION

By submitting this bid, the Respondent certifies that the Respondent has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Respondent, that the Respondent is legally authorized to do business in the State of Florida, and that the Respondent maintains in active status an appropriate license for the work.

We have received addenda	_____
_____ through _____	<i>Handwritten Signature of Authorized Officer of Company or Agent</i>

	Printed Name, Title and date

STOP-LOSS PREMIUM/FEE EXHIBIT

24/12 (PAID) CONTRACT WITH LASERS - \$250,000 SPECIFIC DEDUCTIBLE

Please complete the premium exhibits for JEA’s Group Medical and Pharmacy Stop Loss Insurance.

Please illustrate in this section Respondent’s stop-loss premiums, fees, or charges that your company is proposing for the Group Medical and Pharmacy Stop Loss Insurance solicitation. Please provide Respondent’s rates net of commission. The Respondent will not pay any direct commissions to a broker.

Any additional premiums, fees or costs not disclosed in this premium exhibit shall be the responsibility of the Respondent.

Failure to disclose full information on premiums, rates, fees or additional charges may result in the lowering of Respondent’s scoring or disqualification of proposal.

Enrollment	
Employee	
Employee/Spouse	
Employee/Children	
Family	
Total	

Specific Deductible: \$250,000

Premium/Fees: 24/12 (Paid) Contract with Lasers	
Specific Stop Loss Premium	
Employee	
Family	
Composite Premium	

Lasers and Laser Amounts:	

Maximum Specific Benefits:	Unlimited
Maximum Lifetime Reimbursement:	Unlimited
Simultaneous Reimbursement: Included/Not Included	
Total Monthly Stop Loss Insurance	
Total Annual Stop Loss Insurance	

The above premium/fees are guaranteed for:

Premium Guarantee Period (months)

STOP-LOSS PREMIUM/FEE EXHIBIT

24/12 (PAID) CONTRACT WITH LASERS - \$275,000 SPECIFIC DEDUCTIBLE

Please complete the premium exhibits for JEA’s Group Medical and Pharmacy Stop Loss Insurance.

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Failure to disclose full information on premiums, rates, fees or additional charges may result in the lowering of Respondent’s scoring or disqualification of proposal.

Enrollment	
Employee	
Employee/Spouse	
Employee/Children	
Family	
Total	

Specific Deductible: \$275,000

Premium/Fees: 24/12 (Paid) Contract with Lasers	
Specific Stop Loss Premium	
Employee	
Family	
Composite Premium	

Lasers and Laser Amounts:	

Maximum Specific Benefits:	Unlimited
Maximum Lifetime Reimbursement:	Unlimited
Simultaneous Reimbursement: Included/Not Included	
Total Monthly Stop Loss Insurance	
Total Annual Stop Loss Insurance	

The above premium/fees are guaranteed for:

Premium Guarantee Period (months)

STOP-LOSS PREMIUM/FEE EXHIBIT

24/12 (PAID) CONTRACT WITH LASERS - \$300,000 SPECIFIC DEDUCTIBLE

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Enrollment	
Employee	
Employee/Spouse	
Employee/Children	
Family	
Total	

Specific Deductible: \$300,000

Premium/Fees: 24/12 (Paid) Contract with Lasers	
Specific Stop Loss Premium	
Employee	
Family	
Composite Premium	

Lasers and Laser Amounts:	

Maximum Specific Benefits:	Unlimited
Maximum Lifetime Reimbursement:	Unlimited
Simultaneous Reimbursement: Included/Not Included	
Total Monthly Stop Loss Insurance	
Total Annual Stop Loss Insurance	

The above premium/fees are guaranteed for:

Premium Guarantee Period (months)

STOP-LOSS PREMIUM/FEE EXHIBIT

24/12 (PAID) CONTRACT WITHOUT LASERS - \$250,000 SPECIFIC DEDUCTIBLE

Please complete the premium exhibits for JEA’s Group Medical and Pharmacy Stop Loss Insurance.

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Employee	
Employee/Spouse	
Employee/Children	
Family	
Total	

Specific Deductible: \$250,000

Premium/Fees: 24/12 (Paid) Contract without Lasers	
Specific Stop Loss Premium	
Employee	
Family	
Composite Premium	

Aggregating Specific Deductible (if applicable):	
Maximum Specific Benefits:	
Maximum Lifetime Reimbursement:	
Simultaneous Reimbursement: Included/Not Included	
Total Monthly Stop Loss Insurance	
Total Annual Stop Loss Insurance	

The above premium/fees are guaranteed for:

Premium Guarantee Period (months)

STOP-LOSS PREMIUM/FEE EXHIBIT

24/12 (PAID) CONTRACT WITHOUT LASERS - \$275,000 SPECIFIC DEDUCTIBLE

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Specific Deductible: \$275,000

Premium/Fees: 24/12 (Paid) Contract without Lasers	
Specific Stop Loss Premium	
Employee	
Family	
Composite Premium	

Aggregating Specific Deductible (if applicable):	
Maximum Specific Benefits:	
Maximum Lifetime Reimbursement:	
Simultaneous Reimbursement: Included/Not Included	
Total Monthly Stop Loss Insurance	
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STOP-LOSS PREMIUM/FEE EXHIBIT24/12 (PAID) CONTRACT WITHOUT LASERS - \$300,000 SPECIFIC DEDUCTIBLE

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Aggregating Specific Deductible (if applicable):	
Maximum Specific Benefits:	
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Simultaneous Reimbursement: Included/Not Included	
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