Stop Loss Proposal for: City of Joplin

Effective Dates: 01/01/2026 – 12/31/2026

Quoted for: UMR, Inc.

Proposal Number: 4-1475983

Proposal Valid Through: 01/01/2026

TOKIO MARINE HCC

11100 Wayzata Blvd., Suite 350
Minnetonka, MN 55305
Telephone: (763) 486-1000
Facsimile: (763) 486-1001

Underwriter:
Daniel Daley
DDaley@tmhcc.com

Marketing Representative:
John Oconnor
joconnor@tmhcc.com

INDIVIDUAL STOP LOSS COVERAGE

Plan Description		Option 1
Coverages		Medical, Rx Card
Annual Specific Deductible per Individual		$ 175,000
Except for		
[redacted]		$ 500,000
		$ 275,000
Contract Basis		24/12
Lifetime Reimbursement		Unlimited
Maximum Contract Period Reimbursement		Unlimited
Rate(s) Per Month	Enrollment	
Single	323	$ 63.25
Family	222	$ 200.60
Composite	545	$ 119.20
Estimated Contract Period Premium		$ 779,555
Rate(s) include Commission of		0.00 %

OVERALL COST SUMMARY

Plan Description	Option 1
Total Annual Fixed Cost	$ 779,555
Maximum Annual Liability	$ 779,555

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

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PROPOSAL QUALIFICATIONS AND CONTINGENCIES

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

- Paid claims experience to the effective date including monthly enrollment figures.
- Updated shock loss information to the date HCC Life Insurance Company has been notified that the proposal has been accepted by the group. Shock loss information should include injuries, illnesses, diseases, diagnoses, or other losses of the type, which are reasonably likely to result in a significant medical expense claim or disability, regardless of current claim dollar amount. In addition, shock loss information should include any claimant that has incurred claim dollars in excess of $ 87,500, regardless of diagnosis. Information is also needed on any claims processed and unpaid, pended or denied for any reason. Please refer to our Trigger Diagnosis Disclosure List, which provides examples of some, but not all, types of shock losses.
- We will accept final shock loss disclosure no earlier than 30 days prior to the effective date.
- Please see the attached exhibit for plan document assumptions and requirements.
- Should a large claim(s) (non-reoccurring and/or ongoing) become known and the initial date of service is prior to the date of written acceptance by HCC Life Insurance Company, we reserve the right to re-underwrite the case.
- In the event there is a greater than 10% change in enrollment between the submitted initial enrollment data and the final enrollment data, rates and factors may be recalculated.
- Minimum participation level of 75% of all eligible employees is required.
- Our proposal includes Simultaneous Funding on Specific reimbursements.
- Rates and Factors are calculated with the plan anniversary date and the Policy effective date as the same date. Should the plan anniversary date and the stop loss policy effective date be different we reserve the right to modify our rates, factors and terms of coverage to accommodate for additional liabilities incurred by the plan due to state and/or federal mandates during the stop loss contract period.
- Quote rated with retirees covered. Quote rated with 1 COBRAs being covered based on the census information provided.
- INCUMBENT ADMINISTRATORS ONLY In Lieu of Disclosure Statement,UMR, Inc. approved reports SLAM Report (Stop Loss Activity Management) , UM Cases Open or Closed Within Specified Timeframe, SLAM Report (Stop Loss Activity Management), SLAM Report (Stop Loss Activity Management), SLAM Report (Stop Loss Activity Management), Monthly Aggregate Stop Loss Results will be accepted as disclosure.
- The Specific Contract Period Reimbursement Maximum for any individual with a Separate Individual Specific Deductible will be reduced by the difference between the Separate Individual Specific Deductible and the Policyholder's Specific Deductible.
- Quote Rated with the following UR Vendors: CARE - UR.
- Quote Rated with the following Cost Containment Program(s): UnitedHealthcare ChoicePlus.

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

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Claim disclosure information provided to date for this group has been reviewed and no further information is needed. Rates effective 1/1/2026 are firm and final if acceptance by 11/28/2025. If acceptance is not provided by this date, updated disclosure information will be needed to finalize.

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Subject to the terms and conditions of the Policy and only in the event the plan pays primary for kidney transplant and/or dialysis after 01/01/2026, the Separate Individual Specific Deductible for [redacted] will be $475,000. If the plan does not pay primary kidney transplant and/or dialysis her deductible shall be $275,000 as shown on the Application.

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

Option	Specific	Aggregate
1	$ 175,000 / 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

This proposal expires if applications are not requested before the valid through date.

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