

B. Specific Stop-Loss Insurance:

Yes

No

If yes, complete items 1 through 6 below.

1. Stop-Loss Coverage Period:

New Coverage (Select one from below):

Standard: Claims incurred and paid during the Policy Period.

"Run-in" included: Claims incurred on or after and paid during the Policy Period.

"Run-in" includes claims paid by Policyholder's prior claim administrator: Yes No

Renewal of Existing Coverage: Claims incurred on or after the original Effective Date of Policy and paid during the Policy Period.

"Run-Out" included: Claims incurred on or after the original Effective Date of Policy and paid during the Run-Out Period. **(If Run-Out is selected, Policyholder must place initials on the line next to selection)**
initial here

2. Specific (Individual) Stop-Loss Insurance shall apply to Amounts Billed for:

Medical Claims

Medical Claims and Outpatient Prescription Drug Claims

3. Specific (Individual) Stop-Loss Coverage Attachment Point is \$300,000 per Coverage Unit.

4. Specific (Individual) Stop-Loss Coverage - The Amounts Billed during the current Policy Period in excess of the individual Attachment Point in B.3. above per Policy Period.

5. Run-Out Stop-Loss Insurance - The Amounts Billed during the Run-Out Period for Claims incurred since the original Effective Date of Policy in excess of the individual Attachment Point identified in B.3. above less any Specific (Individual) Stop-Loss Claims previously paid for Amounts Billed paid during the Run-Out Period.

6. Premium:

If The Policyholder has selected Specific (Individual) Stop-Loss Coverage, the Monthly Premium shall be equal to the amounts obtained by multiplying the number of Coverage Units for a particular Month by the premium rate of \$30.08 for each Coverage Unit.

If The Policyholder has selected Run-Out Stop-Loss Insurance, the Monthly Premium shall be equal to the amounts obtained by multiplying the number of Coverage Units for the final month before termination by the same amount described above for Stop-Loss Premium and shall be payable for the first three months after termination of the Administrative Services Contract. However, if the number of Coverage Units in the final month is less than the number in the month exactly one year earlier, BCBSM shall calculate the Monthly Premium using the higher count from one year earlier.

7. The number of current Coverage Units is 1,440. If the number of Coverage Units varies by +/- 10%, the premium rate and Attachment Point may be revised.

Additional Provisions:

The undersigned person represents that he/she is authorized and responsible for purchasing stop-loss coverage on behalf of the Policyholder. It is understood that the actual terms and conditions of coverage are those contained in this Exhibit and the Stop-Loss Coverage Policy into which this Exhibit shall be incorporated at the time of acceptance by Blue Cross Blue Shield of Michigan, a nonprofit mutual disability insurer ("BCBSM"). Upon acceptance, BCBSM shall issue a Stop-Loss Coverage Policy to the Policyholder. Upon acceptance of this Exhibit and issuance of the Stop-Loss Coverage Policy, the Policyholder Group shall be referred to as the "Policyholder."

Signature of BCBSM Representative

Signature of Authorized Purchaser

Title of BCBSM Vice President or Delegate

Title of Authorized Purchaser

Date

Date