



SCHEDULE FOR STOP LOSS INSURANCE

Policyholder		
Full Legal Group Name of Policyholder (to appear on Policy) City of Ann Arbor		Issue Date: 10/27/2025
		Policy Period From: 1/1/2026 To: 12/31/2026
Group Number 2100011-01		Policy Number ESL-30386
A. SPECIFIC STOP LOSS <input checked="" type="checkbox"/> YES, INCLUDED <input type="checkbox"/> NO, NOT INCLUDED		
1.	Benefit Period PAID	
	Incurred From N/A	Through 12/31/2026
	Paid From 1/1/2026	Through 12/31/2026
	Run-In Limit, if applicable \$0.00	
2.	Eligible Expenses under Specific Stop Loss	
	<input checked="" type="checkbox"/> Medical	
	<input checked="" type="checkbox"/> Prescription Drugs	
	<input type="checkbox"/> Other	
3.	Specific Deductible Per Covered Person, Per Policy Period \$350,000 except for the following Covered Person(s):	
Covered Person(s) Name		Amount
N/A		N/A
4.	Aggregating Specific Deductible, Per Policy Period \$165,000	
5.	Specific Percentage Reimbursable Per Covered Person, Per Policy Period 100%	
6.	Maximum Specific Reimbursement Per Covered Person, Per Policy Period Unlimited	
7.	Specific Stop Loss Coverage Rate(s) Per Month Per:	
	Employee \$0.00	
	Employee plus Spouse (or plus one) \$0.00	
	Employee plus Child(ren) \$0.00	
	Family \$0.00	
	Composite \$46.54	
	Other \$0.00	

8.	Special Considerations: Limits for Specific Stop Loss, Per Policy Period:
	The network is BC and/or BS network.
	The claims administrator is BCBS of Michigan.
	PBM is OptumRx/BCBSM.
	Retirees are covered under stop loss. Both retirees under age 65 are covered and retirees age 65 and over are covered. Retirees age 65 and over must be Medicare primary except for Public Safety Grandfathered members and those over age 65 without Medicare Part A and /or Part B, grandfathered by the City as approved by BCBS of Michigan.
	At the group's renewal on 1/1/2027, no new claimants will be lasered and specific rates will increase no more than 40% assuming the same contract type, same specific deductibles, same commission level, and same administrator. This NNL/Rate Cap option will not apply to any new acquisitions after the effective date of the group.
	An Experience Refund option is included however this stop loss coverage must continue for a subsequent policy period and be in force at the time of the refund. BCS will then pay the policyholder 25% of the net positive profits but not to exceed 15% of the Specific Stop Loss Premiums not including broker commissions.
	Plan mirroring is included in stop loss coverage.
	The Actively at Work provision and the Dependent non-confinement/non-disabled provision and pre-existing conditions will be waived.
	Expedited Reimbursement is included in stop loss.
	City of Ann Arbor is on a Family Specific Deductible.

B. AGGREGATE STOP LOSS <input type="checkbox"/> YES, INCLUDED <input checked="" type="checkbox"/> NO, NOT INCLUDED		
1. Benefit Period		
Incurred From	Through	
Paid From	Through	
Run-In Limit, if applicable \$0.00		
2. Eligible Expenses under Aggregate Stop Loss		
<input type="checkbox"/> Medical		
<input type="checkbox"/> Prescription Drugs		
<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Other
3. Aggregate Percentage Reimbursable, Per Policy Period	0%	
4. Maximum Aggregate Benefit Per Policy Period	\$0.00	
5. Minimum Annual Aggregate Deductible, Per Policy Period	\$0.00	
6. Loss Limit Per Covered Person, Per Policy Period	\$0.00	
7. Monthly Aggregate Factor(s) Per Covered Person:		
Employee	\$0.00	
Employee plus Spouse (or plus one)	\$0.00	
Employee plus Child(ren)	\$0.00	
Family	\$0.00	

Composite	\$0.00	
Other	\$0.00	
8. Monthly Aggregate Rate(s) Per:		
Employee	\$0.00	
Employee plus Spouse (or plus one)	\$0.00	
Employee plus Child(ren)	\$0.00	
Family	\$0.00	
Composite	\$0.00	
Other	\$0.00	
9. Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period:	N/A	
C. COVERED PERSONS		
EMPLOYEES	<input checked="" type="checkbox"/> Covered	Not Covered
DEPENDENTS	<input checked="" type="checkbox"/> Covered	Not Covered
COBRA BENEFICIARIES	<input checked="" type="checkbox"/> Covered	Not Covered
RETIREES		
Under age 65	<input checked="" type="checkbox"/> Covered	Not Covered
Age 65 And Over (must be Medicare Primary)	<input checked="" type="checkbox"/> Covered	Not Covered
D. ENDORSEMENTS		
NONE	<input checked="" type="checkbox"/> CHANGE ENDORSEMENT	
TERMINAL LIABILITY	<input checked="" type="checkbox"/> OTHER Family Deductible, Experience Refund, Plan Mirroring and Independent Dispute Resolution Extension	

By signing below, the Policyholder agrees to all the above terms and conditions, and binds the Stop Loss Policy to which this Schedule will be affixed. The Company reserves the right to revise coverage terms and conditions if this Schedule is not signed by the Policyholder's authorized representative and returned to the Company within thirty (30) days of the Schedule's "Issue Date." In connection with making this Application, and as a condition of obtaining the coverage the Stop Loss Policy provides or would provide, the Policyholder authorizes and permits the Company to request, access and obtain, and will use its best efforts to make reasonably available to the Company or its authorized agent, detailed claims information, clinical information, and claims and clinical data, beyond the Complete Claims History (as defined in the Application), to facilitate the performance of detailed claims analyses.

Full Legal Name of Group (to appear on Policy) City of Ann Arbor			
Address 301 E. Huron Street	City Ann Arbor	State MI	Zip Code 48107

Signature of Policyholder's Authorized Representative

Date

Title

If the terms of a signed Proposal and a signed Schedule conflict, the terms of the signed Schedule shall govern.

FOR THE CITY OF ANN ARBOR

By _____
Christopher Taylor, Mayor

By _____
Jacqueline Beaudry, City Clerk

Approved as to substance:

By _____
Milton Dohoney Jr., City Administrator

Approved as to form and content

By _____
Atleen Kaur, City Attorney